PHOTO

FORM VI

REPUBLIC OF KENYA

THE MEDICAL PRACTITIONERS AND DENTISTS ACTS
(CAP 253)
APPLICATION FOR LICENCE FOR PRIVATE MEDICAL/DENTAL PRACTICE

1. Surname (BLOCK LETTERS) ……..
2. Other Names (BLOCK LETTERS)……
3. Address……Code ……..

   Tel No……Mobile……Residence……Email……..
4. Place and Date of Birth…… ……..
5. Nationality……..
6. Registration No. and Date……
7. Particulars of Experience (*e.g. posts held and types of practice in which the applicant has been engaged and countries in which the applicant has practiced)*

   Medicine……

   Surgery……

   Paediatrics……

   Obstetrics/Gynaecology……

   Others……
8. Do you propose to practice on your own behalf or to be employed whole-time or part-time by a Private Practitioner (*give details)*……
9. What type of practice do you purpose to engage in? Specialist/General Practice. If Specialist please specify the discipline

   ……
10. Place of Practice (district, city, or town, market, plot number, give details)

    ……
11. Is this a New Application or a Renewal?……

Kenyans

A fee of Kshs.12,500 is payable annually for Specialist Practice
A fee of Kshs7,500 is payable annually for General Practice
A fee of Kshs5,000 is payable annually for Part-time Practice

Non-Kenyans

A fee of Kshs.20,000 is payable annually for Specialist Practice
A fee of Kshs.15,000 is payable annually for General Practice
A fee of Kshs.10,000 is payable annually for Part-time Practice

Signature of Applicant……Date……

FOR OFFICIAL USE:

Approved/Not approved

Name……

Signature……Designation……

Date……