

# REPUBLIC OF KENYA

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MEDICAL PRACTITIONERS  
AND DENTISTS BOARD  
MP & DB HOUSE  
WOODLANDS RD, OFF LENANA RD,  
P.O. Box 44839 - 00100  
NAIROBI

## **INTERNSHIP TRAINING FACILITY INSPECTION/DATA FORM**

1. Name of Institution -----

Address -----

Telephone No. -----

Fax. -----

E-Mail -----

Province -----District-----

Town -----

History of Institution: -----

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Patient attendance (daily average) -----

### 2. **Physical Facilities**

(a) Total Bed Capacity/Wards

<u>Wards</u>	<u>Beds</u>	<u>Occupancy(%)</u>
Medical:	-----	-----
Surgical:	-----	-----
Obstetrics/Gynaecology:	-----	-----
Paediatrics:	-----	-----



Pathology ----- (1) -----

(2)-----

Anaesthesia -----

(1) -----

(2)-----

Other Specialists (specify) -----

(1) -----

(2)-----

**5. Medical Officers** -----

(1) -----

(2)-----

**6. Technical Staff**

Nurses:( KRN, KEN):- -----

Clinical Officers -----

Technicians:- -----

Radiographers:- -----

Others (specify):- -----

**7. Dental Facilities**

No. of Units: - -----

Laboratory:-----

**(i) Dental Surgeons**

Specialists:- -----

Dental Officers:- -----

**(ii) Oral Health Officers:-** -----

Dental Technologists:- -----

**8. Availability of structured Continuing Professional Development (CPD) program**

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**9. RESIDENTIAL ACCOMODATION FOR INTERNS: -**

- i) Number of flats/houses-----
- ii) Night-call rooms/accommodation-----

**10. Number of Interns who can be trained-----**

**Constraints that would hinder starting the internship training programmed**

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**Names: - \_\_\_\_\_ Date: - \_\_\_\_\_ Signature:- \_\_\_\_\_**  
**Medical Superintendent**