



REPUBLIC OF KENYA

FORM VIII

THE MEDICAL PRACTITIONERS AND DENTISTS ACTS (CAP 253)

APPLICATION FOR RECOGNITION OF SPECIALIST/SUB-SPECIALITY STATUS

- 1. PARTICULARS
Surname (BLOCK LETTERS) ... Other Names (BLOCK LETTERS) ...
Nationality ... Registration No ...
Address ... Town ... Code ...
Tel ... Email ...
Date of Birth ... Place of Birth ...
2. Employer ...
3. Degree, Diploma or Licence held (give name of medical school and date qualified) ...
4. Specialty in which specialist status sought (state clearly) ...
5. Postgraduate qualifications (indicate the discipline, name of institution, country and date qualified) ...

(Legible certified true photocopies of certificate should be supplied)

- 6. CPD Compliance: Please submit your CPD diary with this application
7. Number of years of experience after obtaining postgraduate qualifications (indicate the number of years or months, name of institution(s) attended and name of two supervisors whose address must accompany this application)
No. of Years/Months ... Name of Institution ... Country ...
Supervisors (1) Name ... Address ... Code ...
(2) Name ... Address ... Code ...
8. List of publications (if any) ...
9. Application for sub-speciality (state clearly) ...
10. Number of years experience in sub-specialty (indicate clearly number of years or months, name of institution(s) attended and name of two supervisors whose address must accompany this application)
No. of Years/Months ... Name of Institution ... Country ...
Supervisors (1) Name ... Address ... Code ...
(2) Name ... Address ... Code ...
11. I solemnly and sincerely declare that the information given is true.
12. Application Fee Kshs.10,000

Signature of Applicant ... Date ...

FOR OFFICIAL USE:

Table with 2 columns: CHECKED BY and Approved/Not approved (If not approved, give reasons). Rows include Name, Designation, Remarks, Signature, and Date.