



THE PHARMACY AND POISONS ACT

(Cap.244)

APPLICATION FOR RECOGNITION OF SPECIALIST/SUB-SPECIALTY

(All fields are mandatory. Cancel where not applicable)

Personal details		
Surname.....	Other Names.....	Reg.No.....
Date of Birth.....	Nationality.....	
Address.....	Code.....	Town.....
County	Tel. No.....	Mobile No.....
Email.....	Employer.....	
Qualifications		
Degree held (give name of university/ school and date qualified)		
License held (give name of issuing authority)		
Specialty/Sub-Specialty applied for.....		
Postgraduate qualifications: School/institution.....Date qualified.....		
Number of years of experience in specialty/sub-specialty after obtaining postgraduate qualifications (indicate the number 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/Referees		
1) Name.....		
P.O. Box.....	Code.....	Town..... Country.....
Tel. No.....	Mobile No.....	Email:
2) Name.....		

P.O. Box.....Code..... Town..... Country.....
Tel. No..... Mobile No..... Email:

Declaration

I, the undersigned, do hereby confirm that the information provided with this application is factually true and complete to the best of my knowledge. I also understand that any willful dishonesty may render for refusal of this application.

Applicant's Signature:..... Date:.....

Requirements

- 1. Certified copy of degree and/or license held
- 2. Certified copy of post graduate qualification and other official transcripts.
- 3. Evidence of at least two years' experience in a practice setting after obtaining the postgraduate qualification in a recognized institution for specialist recognition or one year rotation in a recognized institution for sub-specialist recognition.
- 4. Supportive recommendation from two (2) referees in the relevant field.
- 5. Specialty and sub specialty must be in the approved field.
- 6. Application fee of Kenya shillings 10,000.

For official use only

APPLICATION No.....

Reviewer comments:

Reviewer Signature:..... Date:.....