



**MINISTRY OF HEALTH**  
**KENYA HEALTH PROFESSIONS OVERSIGHT AUTHORITY**  
(Transforming health provision for quality and ethical care)

**APPLICATION FOR REGISTRATION AND PRACTICING LICENSE FORM**

**Instructions:**

1. Ensure all Data **fields** are completed (incomplete forms will not be processed)
2. Attach certified copies of academic and professional certificates, National Identification Card or Passport
3. One passport size photograph.
4. Registration fees of **Kshs. 5,000** and annual license fee of **Kshs. 5,000** (To be renewed in January, 2024) paid to Kenya Health Professions Oversight Authority in the following account number

**Bank: National Bank**  
**Branch: Yaya center**  
**Account number: 01071236943600**

Affix passport  
photo here

**PART A: PERSONAL DETAILS**

Data set	(Please fill here)
Name*	
Gender*	
Nationality*	
National ID/Passport*	
Date of birth (dd-mm-yy) *	
Mobile phone no.*	
Email address *	
Home County*	
County of residence *	

**Part B: Training Information**

Data set	(Please fill here)
Name of training institution*	
Name of Course undertaken*	
Year of admission*	
Year of qualification*	
Professional title*	
Professional certificate number *	

### Part C: Declaration

I ..... declare that the foregoing information is true and correct to the best of my knowledge.

Signature ..... Date.....

### PART D: FOR OFFICIAL USE ONLY

Recommended for Registration (Tick where applicable)	Yes	
	No	
If no, give reasons		
Name of Register to be Entered		
Registration Number		
Date Of Registration		
License number and expiry date		
Registration and Licensing Officer (Name and Signature)		

For any enquiries, please contact the Authority through any of the following;

**Email: [ceokhpoa2019@gmail.com](mailto:ceokhpoa2019@gmail.com)**

**Telephone: +254 742 157 424**

**P.O. BOX 34422 – 00100 NAIROBI**