

FORM COC 7

LICENCE NO.



REGISTRATION NO.

REPUBLIC OF KENYA
CLINICAL OFFICERS COUNCIL
CAP 260
LICENCE FOR PRIVATE MEDICAL PRACTICE

1. Mr./Mrs./MissID. No

(Full Names - BLOCK LETTERS)

2. QUALIFICATIONS

.....
.....

3. NATIONALITY Place of Birth

4. ADDRESS

..... Telephone No.

is hereby licenced in accordance with provision of Section 11 of the Act to engage in Private Practice on his/her own behalf as a Private Practitioner or to be employed or part time

.....
(name and address of the employer of Clinical Officer)

5. Authorised premises to be used for the purpose of private practice.
Plot No. Market/Town Location District

.....
(detailed particulars and location of authorized premises)

6. This Licence shall expire on the last day of December,

Date this day of

.....
(REGISTRAR /
CHIEF CLINICAL OFFICER)

Signature of the Holder