



APPLICATION FORM FOR CPD PROVIDERS

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THE FORM

- 1) This application form must be dully filled by the CPD provider.
- 2) Please fill in the form using BLOCK letters ONLY.
- 3) Every application must be accompanied by a non-refundable application fee of kshs.15, 000 (Attach original receipt). The Fees shall be paid directly to the Clinical Officers Council bank account:
- 4) **Cooperative Bank, Nairobi Business Centre Branch, Account number: 01102039922700**
- 5) Each application form must also be accompanied by copies of the following documents:
 - a. I (Attach a Certified Copy from Registrar of Companies)
 - b. II (Attach a certified Copy of PIN CARD)
 - c. III (Attach a certified Copy of TAX compliance certificate)
 - d. IV (Attach CVs of facilitators, preferably in soft copy).

TYPE OF APPLICATION

NEW	RENEWAL
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PART A: APPLICANT INFORMATION

1. Name of Entity: _____
2. Permanent Postal Address: _____
3. Physical Address (Include Road, Street and Building name): _____

4. City/Town: _____
5. County: _____
6. Plot No. _____ LR No. if available) _____
7. Telephone No _____
8. Mobile No.: _____

9. Email: _____

10. Website: _____

11. Name of Contact Person: _____

12. Title of Contact Person: _____

13. Mobile: _____

14. Email: _____

PART B: DECLARATION BY APPLICANT

I, the undersigned verify that all the information in this form and accompanying documentation is Correct and true to the best of my knowledge. I also agree to inform the Clinical Officer Council, about any changes or modifications made on the information given in the document submitted.

Full Names: _____

Designation of Signatory(S):

_____ Signature: _____

Signature of any other Authority where applicable:

Designation of Signatory(S): _____ Signature: _____

Designation of Signatory (ies) _____

Signature: _____

Date of Application: _____

Signature: _____

Official Stamp:

PART C: FOR COC OFFICIAL USE ONLY

CPD Provider	STATUS	YES	NO	Application
Number:	APPROVED			
	NOT APPROVED			
	PENDING			

Date of submission of Application _____

Receipt No: _____

Received by Name of COC official): _____

Designation: _____

Signature: _____

PART D: CPD COMMITTEE ANALYSIS:

Comments/Reasons:

Signed by:

CPD COORDINATOR	REGISTRAR, COC
NAME: _____	NAME: _____
SIGN: _____	SIGN: _____
DATE: _____	DATE: _____

Official COC Stamp: