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 Website: [www.kmtc.ac.ke](http://www.kmtc.ac.ke)  
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P.O Box 30195  
 00100, Nairobi  
 Kenya  
 Telegrams. "MEDTRAIN" Nairobi

**Kenya Medical Training College**  
*ISO 9001: 2008 Certified*

Ref No. \_\_\_\_\_

**Effective Management and Appropriate Use of Medicines for Health Care Providers**

**APPLICATION FORM**

1. Full name \_\_\_\_\_
2. Title: Dr/Mr./Mrs./Miss/other \_\_\_\_\_ (tick)
3. Date of Birth: DD/MM/YYYY Nationality: \_\_\_\_\_
4. Current Contact Address: \_\_\_\_\_ Code \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Current Contact Telephone Contact \_\_\_\_\_
5. Education background ( if necessary use separate paper)

No	College	Dates Attended		Qualification
		From	To	

6. Work Experience: ( if necessary use separate paper)

Position	From	To	Specific Duties

7. **Current employer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone contacts: \_\_\_\_\_

8. Briefly state your expectation as a result of this training:

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9. Do you have any health condition for which we should make special arrangements (e.g. diabetes, high blood pressure and other disabilities)?

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10. Source of funding for the course:

Please state the source of funding for the course:

Sponsorship: Yes [ ] No [ ]

Personal funding: Yes [ ] No [ ]

If sponsored provide the contact information of sponsor:

Name of sponsor \_\_\_\_\_

Telephone Contact : \_\_\_\_\_

Email: \_\_\_\_\_

11. Accommodation required: Yes [ ] No [ ]

I hereby certify the information given in this application is correct and complete to the best of my knowledge, and hereby give my permission to Admission authority to obtain any verification deemed necessary to process my application. I will include with this Application my Registration fees and two passport size photographs.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment for the Course**

Applications must be accompanied by proof of payment of registration fees. All payments should be made in form of a Banker's Cheque payable to KMTC or deposited at the National Bank of Kenya. Proof of payment of tuition fee should be made available to the course organizers at least one week before the commencement of the training.

**Complete application form should be sent to:**

The Director,  
Kenya Medical Training College  
P.O. Box 30195  
Nairobi.

**Attention: Head of Pharmacy**

Email: kmtcpharmacydepartment@gmail.com