

Sub. Leg.
L.N. 66/1983.

2. The Schedule to the National Hospital Insurance (Claims and Benefits) Regulations is amended—

- (a) by deleting the figure "Sh. 135" against the Nairobi Hospital, Nairobi and inserting "Sh. 150";
- (b) by deleting the figure "Sh. 150" against Mutomo Mission Hospital, Mutomo and inserting "Sh. 80";
- (c) by adding the following—

<i>Declared Hospital</i>	<i>Maximum rate of daily allowance</i>
	<i>Sh.</i>
Maua Maternity Hospital, Meru	100
Ortum Mission Hospital, Kitale	100
Kikoko Mission Hospital, Machakos	80
Kiiraini Consolata Hospital, Murang'a	100
St. Charles Lwanga Hospital, Bunyala	60
Changamwe Maternity and Nursing Home, Mombasa	60
Malindi Maternity Home	60

Made on the 29th April, 1983.

A. M. MANGO,
Minister for Health.

LEGAL NOTICE No. 76

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

IN EXERCISE of the powers conferred by section 23 of the Medical Practitioners and Dentists Act, the Minister for Health, after consultation with the Medical Practitioners and Dentists Board, makes the following Rules:—

THE MEDICAL PRACTITIONERS AND DENTISTS (FORMS AND FEES) (AMENDMENT) RULES, 1983

1. These Rules may be cited as the Medical Practitioners and Dentists (Forms and Fees) (Amendment) Rules, 1983.

L.N. 19/1978.

2. The Medical Practitioners and Dentists (Forms and Fees) Rules are amended by—

- (a) renumbering the existing rule 9 as rule 10;
- (b) inserting the following new rule 9—

9. Application for recognition of specialist or sub-specialist status shall be in Form VIII in the First Schedule;

(c) by adding to the First Schedule the following—

FORM VIII

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

APPLICATION FOR RECOGNITION OF SPECIALIST/
SUB-SPECIALITY STATUS

1. Surname (BLOCK LETTERS)
2. Other names
3. Registration No.
4. Address
5. Place and date of birth
6. Nationality
7. Places of practice
8. Degree or diploma (*give name of Medical School and date qualified*)
9. Speciality or sub-speciality in which specialist/sub-specialist status sought (*state clearly*)
10. (a) Postgraduate qualifications (*indicate the discipline, name of institution, country and date qualified*)
- (b) Duration of the course(s)
11. Number of years of experience after obtaining postgraduate qualifications (*indicate the number of years or months, name of institution(s) attended and name of supervisor, whose letter must accompany this application*)
12. List of publications (*if any*)

13. Number of years experience in sub-specialty (*indicate clearly number of years or months, name of institution(s) attended and name of supervisor, whose letter must accompany this application*)

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14. I solemnly and sincerely declare that the information given is true.

Dated the, 19....

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Signature of applicant

Made on the 26th April, 1983.

A. M. MANGO,
Minister for Health.