



KENYA ASSOCIATION OF PRIVATE HOSPITALS

(Quality Healthcare per Excellence)

Membership Registration Form

1. FACILITY DETAILS

Name of Medical Facility: _____

Facility Level: _____

Contact Information:

Postal Address:

P.O. Box _____ Code _____ County _____ Town _____

Physical Address: _____

Road / Street _____

Building _____ Floor _____

Telephone: Landline _____

Mobile 1 _____

Mobile 2 _____

Email address: _____

Alternative email address: _____

Other registered offices / branches: _____



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Contact person:

Name: _____

(First name)

(Middle name)

(Last name)

Title: (Ms. Mrs. Mr. Dr. Prof.) _____

Designation: _____

Mobile No 1: _____

Mobile 2: _____

Email address: _____

2. MEMBERSHIP

To join the Kenya Association of Private Hospitals (KAPH), your facility has to be a private hospital, a nursing home or a clinic that is fully registered and licensed by the Kenya Medical Practitioners and Dentists Council (KMPDC). Membership fees varies depending on the level of the facility as highlighted below.

❖ Level 3 facilities and below: KSH. 15,000

❖ Level 4 facilities: KSH. 20,000

❖ Level 5 and 6: KSH. 50,000

3. FACILITY DOCUMENTS

Certificate of Incorporation No. (Registered Companies): _____ (attach copy)

Certificate of Registration (MP& DB) No.: _____ (attach copy)

Annual license No.: _____ (attach copy)



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4. PAYMENT AND DECLARATION

Registration fees are payable to “Kenya Association of Private Hospitals” via:

Bank deposit;

Kenya Commercial Bank (KCB)

Account No.: 1206449403

Branch: Prestige Plaza

Or

M-PESA

Till No. 483389

Please note that cash payments can only be made by direct deposit to the Association’s designated bank account and not to any individual persons.

Declaration

I certify that the above information is accurate to the best of my knowledge.

Signed _____ On behalf of applicant _____

Date _____ Stamp _____

5. FOR OFFICIAL USE ONLY

- | | |
|---|--------------------------|
| Form duly completed | <input type="checkbox"/> |
| Necessary documentary evidence attached | <input type="checkbox"/> |
| Registration Fees paid | <input type="checkbox"/> |
| Membership Certificate Provided | <input type="checkbox"/> |