



**REPUBLIC OF KENYA  
DEPARTMENT OF CULTURE  
MINISTRY OF SPORTS,  
CULTURE AND HERITAGE**

AFFIX  
PHOTO (S)  
HERE

**APPLICATION FORM FOR REGISTRATION/RECOGNITION OF TRADITIONAL MEDICAL PRACTITIONERS  
AND MEDICINAL PLANT CONSERVATIONISTS**

Those who are eligible for registration/recognition with the Department of Culture include traditional birth attendants, nutritionists, bone-setters, traditional surgeons, users of herbal extracts medicinal plant conservationists. Bone setters, traditional surgeons and birth attendants shall be required to attach recommendations from relevant government authorities.

**CONDITIONS FOR REGISTRATION/RECOGNITION**

**1.0 KENYAN GROUPS/INDIVIDUALS**

- 1.1 Applicants are required to submit drug samples to recognized research organizations ( Kenya Drug Mitishamba Research Centre, University of Nairobi, Kenyatta University; etc) Only original letter acceptable.
- 1.2 Applicants are expected to abide by Government regulations relating to practice of traditional medicine, public health, licensing, etc.
- 1.3 Every group / organization seeking registration must attach a copy of its constitution and minutes. The minutes must refer to the election of officials and discussion of registration of the group.
- 1.4 Applicants should liaise with Directors of Culture with a view to easing the registration process, group election and change of constitution.
- 1.5 Application forms can be obtained at the Department Headquarters, Provincial or District Culture offices.
- 1.6 Anyone seeking replacement for a lost certificate must produce a Police Abstract. Replacement fee for a lost or damaged certificate shall be Kshs. 600/=.
- 1.7 A new certificate will be issued on Payment of Kshs 520/=, inclusive Kshs. 20/= application form fee.
- 1.8 The certificate is renewable annually on payment of Ksh. 200/=.
- 1.9 Individual applicants must affix one passport size photo to the application form. The Chairman, Secretary and Treasurer of each group seeking registration shall affix their respective passport size photo to their application form.

**2.0 NON KENYAN GROUPS/INDIVIDUALS**

**To present**

- 2.1 Copies of Passport(s)
- 2.2 Copies of professional certificate(s) testimonies from recognized institutions
- 2.3 Copies of work permit (s) of class W OR V
- 2.4 Recommendation from respective Embassy or High Commission
- 2.5 A report on the efficacy of the medical sample from a recognized local research institution, (Drug Mitishamba Research Centre, KEMRI, Government Chemist etc.)
- 2.6 Copy of certificate of Incorporation if registered as a company.
- 2.7 A fee of Kshs. 5000 is payable by each new applicant; replacement after loss or damage of certificate shall be on payment of Kshs. 6,000. Annual renewal shall be accompanied by payment of Kshs. 2,000.
- 2.8 Practitioners married to Kenyans shall present copies of identification of self and spouse.

- NB:**
- (i) The certificate is not an operational or practice licence, but a certificate of recognition
  - (ii) An officer of the Department shall arbitrate where a conflict occurs in a group.
  - (iii) Periodic visits of premises shall be made without prior notice
  - (iv) Applicants are expected to abide by Government regulations relating to practice of traditional medicine, public health, licensing, etc.
  - (v) A practitioner or conservationist registered with this department shall be expected to train others in the same field

APPLICANT(S) PARTICULARS:

1. NAME OF APPLICANT/GROUP \_\_\_\_\_

Nationality \_\_\_\_\_

Age \_\_\_\_\_

ID/Passport No. \_\_\_\_\_

Male/Female \_\_\_\_\_

If Group, Names of officials:

(a) Chairman \_\_\_\_\_ ID NO \_\_\_\_\_ Nationality \_\_\_\_\_

(b) Secretary \_\_\_\_\_ ID NO \_\_\_\_\_ Nationality \_\_\_\_\_

(c) Treasurer \_\_\_\_\_ ID NO \_\_\_\_\_ Nationality \_\_\_\_\_

2. PRESENT POSTAL ADDRESS:

\_\_\_\_\_  
 \_\_\_\_\_

3. PRESENT PHYSICAL ADDRESS:

Region \_\_\_\_\_ County \_\_\_\_\_

Division \_\_\_\_\_ Location \_\_\_\_\_

Sub-location \_\_\_\_\_

Market/Village \_\_\_\_\_

Street \_\_\_\_\_

Building/House \_\_\_\_\_

4. AREA SPECIALISATION (e.g); T.B.A herbal practice; bone setting; etc)

5. LEVEL OF EDUCATION \_\_\_\_\_

6. HOW DID YOU ACQUIRE THE SKILL?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

h. ARE YOU TRAINING OTHERS? Yes/No. if yes give details:

\_\_\_\_\_  
 \_\_\_\_\_

1. LIST DOWN SOME OF THE DISEASE/CONDITIONS YOU TREAT

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_
- (iv) \_\_\_\_\_

9. NAME SOME RARE/THREATENED MEDICINAL PLANTS YOU KNOW (where applicable)

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_
- (iv) \_\_\_\_\_
- (v) \_\_\_\_\_

10. IF MEDICAL PLANT CONSERVATIONIST NAME SOME OF THE PLANTS YOU CONSERVE

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_
- (iv) \_\_\_\_\_

11. HOW DO YOU PACKAGE YOUR MEDICINES (e.g liquid, dry powder)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. HOW MANY PEOPLE DO YOU TREAT IN A MONTH ON AVERAGE?

\_\_\_\_\_

13. DO YOU BELONG TO ANY HERBALISTS'/CONSERVATIONISTS' ASSOCIATION? IF YES, SPECIFY

\_\_\_\_\_

\_\_\_\_\_

14. GIVE RECOMMENDATIONS AIMED AT IMPROVING TRADITIONAL MEDICINE PRACTICE AND MEDICAL PLANT CONSERVATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. RECOMMENDATION FROM A PROFESSIONAL ORGANISATION, IF ANY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECOMMENDATION**

(I) AREA CHIEF:

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

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(ii) AREA DEPUTY COUNTY COMMISSION / COUNTY COMMISSION

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

County: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(iii) COUNTY CULTURAL OFFICER/COUNTY DIRECTOR OF CULTURE

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

County: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

CHECKED BY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**RETURN THE FORM TO:**

THE DIRECTOR  
DEPARTMENT OF CULTURE  
P.O. BOX 67374-00200  
NAIROBI  
TEL: 2727980/4  
FAX: 2725329  
Email: [Kenyaculture@insightkenya.com](mailto:Kenyaculture@insightkenya.com)