

CPD Provider Application Form



REPUBLIC OF KENYA
MINISTRY OF MEDICAL SERVICES

FORM IPO
FORM 1PO/B



KENYA MEDICAL LABORATORY
TECHNICIANS & TECHNOLOGISTS BOARD
Make Testing a Safe Reality

KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD
(KMLTTB)

APPLICATION FORM FOR REGISTRATION OF CPD PROVIDERS

The Registrar,
ACK Gardens, 1st Ngong Avenue
Quality Assurance Department,
P.O. BOX 20889-00202,
NAIROBI.
Telephone: 020-2731391
Mobile: 0714-702685, 0716-507238
Website: www.kmlttb.org
Email: info@kmlttb.org

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THE FORM

The application form must be completed by a duly authorized person

Fill in the document using BLOCK letters ONLY

Every application must be accompanied by:-

- The original receipt of **KSH 1500** Application fee (**non refundable**).
- The original receipt of **KSH45000** Registration fee (**non refundable**)
- The Fees shall be paid directly to the bank either through Bank transfers or direct deposits to:

Bank Name: KMLTTB, Bank: Equity Bank Account No. 0170296759439, Branch: Community	Bank Name: KMLTTB, Bank: National Bank Of Kenya Account No. 0102058193500, Branch: Community
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SCOPE

This applies to all institutions/facilities interested as potential CPD providers within the KMLTTB Regulations.

PART A: ADMINISTRATIVE INFORMATION

I.1. Particulars of Applicant	
1. Name of institutions /facility/ affiliation	
2. Type of Institution : (Please Tick the box that best describes your Company):	
<input type="checkbox"/> National /Referral Hospital	<input type="checkbox"/> Other specify
<input type="checkbox"/> Training hub	<input type="checkbox"/> Private laboratory: level/category
<input type="checkbox"/> Technical training institute	<input type="checkbox"/> Public health facility: level/category
<input type="checkbox"/> Research laboratory	<input type="checkbox"/> Middle level college
<input type="checkbox"/> Reference laboratory	<input type="checkbox"/> University teaching facility
3. Permanent Address of the Institution	
a) Physical Address (Include Road, Street and Building name)	
b) City/Town:	c) County/ Province :
d) Postal Address:	Postal Code:
e) Plot No.	f) LR No. if available
g) Telephone No:	h) Mobile No.
i) Email:	j) Website:
k) Fax:	
4. Name of Contact Person:	
Mobile:	Email:
B) Provide certified copy of authorization to offer CPD programmes	
I. (Attach a Certified Copy from Registrar of Companies)	
II. (Attach a certified Copy of PIN CARD)	
III. (Attach a certified Copy of TAX compliance certificate)	
IV. (Attach CV of lead facilitator; preferably in soft copy)	

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. Also, I agree to inform the Kenya Medical Laboratory Technicians and Technologist Board, about any changes or modifications made on the information given in the document submitted.

Full Names: _____

Designation of Signatory(S): _____ Signature: _____

Designation of Signatory(S): _____ Signature: _____

Designation of Signatory(S): _____ Signature: _____

Date of Application: _____ Signature: _____

Official Stamp:

NOTE: ONLY ORIGINAL COPIES WILL BE ACCEPTED

