



REPUBLIC OF KENYA
MINISTRY OF MEDICAL SERVICES



DATE.....

FEES PAYABLE

TO.....
.....
.....

Dear Sir/Madam,

Further to your application for
of please find enclosed the appropriate form(s) to be completed and sent back to us
accompanied by the following fees:-

ITEM	ITEM TO BE PAID FOR	AMOUNT PAYABLE	REMARKS (Tick applicable box)				
			1	2	3	4	5
1							
2							
3							
4							
5							

Payment by Banker's cheque or Money order only.
Please note in case of unsuccessful applications appropriate fees will be made to the applicant.

- REMARKS;**
1. Non refundable
 2. Refundable
 3. Paid once
 4. Paid yearly
 5. Paid for each application

REGISTRAR/TREASURER.....

FOR OFFICIAL USE ONLY.

Form sent on Amount received

Serial No..... Date received

Date received back Official receipt

Date.....

**APPLICATION FOR REGISTRATION AS A MEDICAL LABORATORY SCIENCES
TRAINING INSTITUTION**

PART 1

TO BE FILLED BY THE APPLICANT IN BLOCK LETTER IN APPLICANT'S OWN HANDWRITING

1. NAME OF INSTITUTION
2. NAME/NAMES OF DIRECTOR(S) PROPRIETOR(S)
 - a) _____ ID/P/P/NO. _____
 - b) _____ ID/P/P/NO. _____
 - c) _____ ID/P/P/NO. _____
3. PERMANENT ADDRESS OF INSTITUTION
 - a) Post Office Box No. _____ g) Plot No. _____
 - b) Telephone No. _____ h) L.R. No. _____
 - c) Mobile Phone No. (if any) _____ i) Town/Centre _____
 - d) Fax No. _____ j) Estate _____
 - e) E-mail _____ k) District _____
 - f) Road/Street _____ l) Province _____
4. DATE OF ESTABLISHMENT _____
5. COURSE/COURSES TO BE OFFERED
 - (a) _____
 - (b) _____
 - (c) _____
6. (a) NAME OF HEAD, DEPARTMENT OF MEDICAL LABORATORY SCIENCES

- (b) HIS/HER PROFESSIONAL QUALIFICATION(S)
 - (i) _____
 - (ii) _____
 - (iii) _____
7. FULL NAME OF APPLICANT _____
8. SIGNATURE AND OFFICIAL STAMP OF THE INSTITUTION

9. DATE OF APPLICATION _____

PART II

DECLARATION BY THE APPLICANT

(To be filled in Capital Letters)

1. (Full Name).....
- a) I am eighteen/over eighteen years.
- b) I am to the best of my knowledge in a physical and mental state of health to be able to carry out the responsibilities required of me by the profession.
- c) I have not impersonated anybody on any issue to the profession or otherwise.
- d) I have not altered, falsified or altered any document(s) related to the profession or otherwise.
- e) I am free from any criminal record(s), conviction(s) related to the profession or otherwise.
- f) I am of good professional ethical standing as required by the professional Code of Conduct and Ethics.
- g) I will at all times in the practice of my profession observe and strictly maintain adherence to the provisions and requirements of the professional Code of Conduct and Ethics.

- NB: 1. Any application in default or later defaults on any or al of the above declarations if found out on verification will be refused registration deregistered etc. and may be subjected to disciplinary action which may include prosecution in a court of Law.
2. Applicants who are in default, or later default on any or all of the above declarations and willingly inform the Board will have their cases considered and decided upon on individual merit in conformity with the provisions of the Act.

PART III
FOR OFFICIAL USE ONLY

Delete whichever is not applicable.

Date of Application.....	Application No.....
Date application received.....	Receipt No.....
	Date.....