

**KMLTTB/TRN/03A**




**REPUBLIC OF KENYA  
MINISTRY OF HEALTH**



**KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD**

**APPLICATION FORM FOR REGISTRATION OF CPD PROVIDERS**

*Pursuant to the Medical Laboratory Technicians and Technologists Board Act (CAP  
253 – Laws of Kenya)*

	<b>APPLICATION FORM FOR REGISTRATION OF CPD PROVIDERS</b>		<b>DOCUMENT CONTROL</b>
	<b>OWNER</b>	<b>REGISTRAR</b>	<b>Serial: KMLTTB/TRN/03A</b>  <b>Revision No. 001</b>  <b>Revision Date: 18<sup>TH</sup> MARCH 2024</b>

**PART A: ADMINISTRATIVE INFORMATION**

<b>CONTACT DETAILS</b>	
NAME OF PROVIDER:	
DATE OF APPLICATION:	
PHYSICAL LOCATION	
COUNTY:	
SUBCOUNTY	TOWN:
LANDMARK:	
PLOT NUMBER:	
POSTAL ADDRESS:	
INSTITUTION MOBILE NUMBER:	
INSTITUTION EMAIL:	
INSTITUTION WEBSITE:	
ROAD/ STREET:	
BUILDING:	
FLOOR ON THE BUILDING:	
<b>CATEGORIES</b>	
<input type="checkbox"/>	Health facilities at national and county levels (public and private).
<input type="checkbox"/>	Training institutions (middle and tertiary institutions - public and private).
<input type="checkbox"/>	Medical Practitioners and other recognized professionals.
<input type="checkbox"/>	Faith based organizations.
<input type="checkbox"/>	Non-Governmental Organizations.
<input type="checkbox"/>	Donor agencies.
<input type="checkbox"/>	Professional associations.
<input type="checkbox"/>	Manufacturers and suppliers of equipment and reagents.
<input type="checkbox"/>	Research institutions.
<input type="checkbox"/>	Ministry of Health and related programs.
<input type="checkbox"/>	Development partners.
<input type="checkbox"/>	Training Hub
<b>MANAGEMENT</b>	
1. DIRECTOR/S NAME: ID NUMBER: MOBILE NUMBER.	
2. CEO NAME: ID NUMBER. MOBILE NUMBER.	
3. COORDITOR NAME: MOBILE NUMBER: KMLTTB REG NUMBER: ID NUMBER.	

QUALIFICATION (ATTACH CURRICULUM VITAE)
<p>ATTACHMENTS</p> <ol style="list-style-type: none"> <li>1. Letter of incorporation</li> <li>2. University charter /TVETA registration/ Gazette Notice /Legal Notice</li> <li>3. Tax compliance</li> <li>4. Facilitator Curriculum Vitae</li> <li>5. Director Police Clearance</li> <li>6. List of facilitators</li> <li>7. Memorandum of Understanding</li> </ol>

### THEMATIC AREAS OF THE CPD PROVIDER

1	Phlebotomy		
2	Microscopy		
3	Blood Transfusion Science		
4	Clinical chemistry		
5	Bacteriology		
6	Parasitology		
7	Virology		
8	Immunology		
9	Entomology		
10	Hematology		
11	Mycology		
12	Histopathology		
13	Health Systems Management		
14	Molecular Techniques		
15	Good Clinical Laboratory Practices (GCLP)		
16	Quality Assurance/Quality control		
17	Laboratory Information Management Systems		
18	Bio-safety and Bio-Security		
19	Quality Management Systems		
20	Epidemiology and medical laboratory research		
21	Risk Management		

22	Infection Prevention and Control		
23	Antimicrobial Resistance		
24	Clinical Cytology		
25	Emerging and Re-emerging Infections		
26	Accreditation of Medical Laboratories (ISO 15189-2022)		
27	Health professionals Education		
28	Medical Laboratory Reagents, Validation and Verification		
29	Bioinformatics and Genomics		
30	Digital health		

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

Full Names: \_\_\_\_\_

Designation of Signatory(S): \_\_\_\_\_ Signature: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**PART C: FOR KMLTTB OFFICIAL USE ONLY**

1. Application Number \_\_\_\_\_

Date of submission of Application \_\_\_\_\_

Receipt No \_\_\_\_\_

Received by: \_\_\_\_\_

Signature \_\_\_\_\_

**Conclusion**

Recommendation: \_\_

Queries raised on non-compliance (Indicate where query is raised):

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**Approved by:**

<b>Approved by:</b> REGISTRAR	<b>Approved by:</b> EDUCATION AND CPD COMMITTEE
NAME: _____ SIGN: _____ DATE: _	NAME: _____ SIGN: _____ DATE: _