

KMLTTB/TRN/03



**REPUBLIC OF KENYA
MINISTRY OF HEALTH**



**KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD
APPLICATION FOR REGISTRATION OF MEDICAL LABORATORY SCIENCES TRAINING INSTITUTION**

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

 <p>KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD <i>Make Testing a Safe Reality</i></p>	APPLICATION FOR REGISTRATION OF MEDICAL LABORATORY SCIENCES TRAINING INSTITUTION		DOCUMENT CONTROL
	OWNER OF THE FORM	REGISTRAR	Serial: KMLTTB/TRN/03 Revision No. 001 Revision Date: 6 th MARCH 2024

SUBCOUNTY	TOWN:
LANDMARK:	
PLOT NUMBER:	
POSTAL ADDRESS:	
INSTITUTION MOBILE NUMBER:	
INSTITUTION EMAIL:	
INSTITUTION WEBSITE:	
ROAD/ STREET:	
BUILDING:	
FLOOR ON THE BUILDING:	
CATEGORIES	
<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> CPD Provider	
MANAGEMENT	
1. Director/S Name: ID Number: Mobile Number. Email:	
2. CEO Name: ID Number. Mobile Number. Email	
3. Head of Department/Coordinator Chair of Department Name Mobile Number: KMLTTB Reg Number:..... ID Number..... Email: Highest Professional Qualification:	

QUALIFICATION (ATTACH CURRICULUM VITAE)

ATTACHMENTS

1. Letter of incorporation
2. University charter /TVETA registration/ Gazette Notice /Legal Notice
3. Tax compliance
4. List of Lecturers and their Curriculum Vitae
5. Director Police Clearance
6. List of Lectures
7. Memorandum of Understanding
8. Training needs assessment report
9. Inventory of medical laboratory reagent and equipment
10. Inventory of medical laboratory sciences books available in the library
11. Applicable application fee

DECLARATION BY THE APPLICANT

(To be filled in Capital Letters)

a) Iof P.o Boxon this day of20.....an adult citizen ofcountry and of sound mind, wish to state that to the information I have provided in this form is truthfully and best to the best of my knowledge.

APPLICANT	SIGNATURE	DATE
OFFICIAL STAMP		
STAMP		DATE

OFFICIAL USE ONLY (QUALITY ASSURANCE OFFICER)

All Documents Filled:	YES		NO	
Self-Assessment Check List				
Plan For Inspection				

Name

Sign

Date

--	--	--

