



REPUBLIC OF KENYA
MINISTRY OF HEALTH



KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD
APPLICATION FOR EXAMINATION, REGISTRATION AND LICENSING
Pursuant to the Medical Laboratory Technicians and Technologists Act, CAP 253 A Laws of Kenya.

	APPLICATION FOR EXAMINATION, REGISTRATION AND LICENSING		DOCUMENT CONTROL Serial: KMLTTB/APL/01 Revision No. 001 Revision Date: 2 ND MAY 2024
	OWNER OF THE FORM	REGISTRAR	

APPLICATION FOR (TICK AS APPROPRIATE)

1. EXAMINATIONS	2. REGISTRATION	3. LICENSURE

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FILE NUMBER..... REGISTRATION NUMBER.....

OVERAL REVIEW COMMENTS:

VERIFIED

BY.....SIGN.....DATE.....

1. Full Name:								
2. National Identity								
3. Date of Birth:								
5. Mobile Number:								
6. Email:								
7. Training Institution:								
8. Nationality:								
9. Academic Qualification (KCSE/Others specify the Grade)								
10. Medical Laboratory Sciences Professional Qualification: (PhD/MSC/Degree /Diploma)								
11. Application fee:								
12. Other qualifications				13. Obtained from:				
Higher Diploma		Bachelors	CPD activities			Certificates	Diplomas	Degrees
			Yes	No	No of Points			
Master		PhD						

Attachments: (Mandatory)

- (a) academic certificates (K.C.S.E or Its equivalent)-certified
- (b) Professional certificates and academic transcripts from colleges and/or universities approved by KMLTTB as Medical Laboratory Sciences training institutions(certified)
- (c) a copy of the national identification card /passport
- (d) a student index card issued by the Board;
- (e) Practical rotation completion report derived from the logbook from a medical laboratory of class D and above that the applicant was attached for minimum of 3 months. (16 weeks) | Recommendation
- (f) Passport size photograph
- (g) Updated Curriculum Vitae
- (h) KRA Pin Certificate

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- (i) Dully Filled application Examination, Registration and Licensing form
- (j) Applicable payment fee
- (k) KMLTTB examination compliance certificate
- (l) Probation completion report for foreign trained medical laboratory sciences professional
- (m) Attach testimonials for all other qualification.
- (n) Police clearance certificate (Certificate of Good Conduct)

MEDICAL LABORATORY PROFESSIONALS OATH / SOLEMN PROMISE:

I..... As a Trained and Qualified Medical Laboratory Professional, do hereby pledge to uphold my duty to Patients, the Profession and Society by:

- Placing patients' welfare above my own needs and desires.
- Ensuring that each patient receives care that is safe, effective, efficient, timely, equitable and patient-centered.
- Maintaining dignity and respect for my profession.
- Promoting the advancement of my profession.
- Ensuring collegial relationships within the medical laboratory and with other patient care providers.
- Improving access to Medical laboratory services.
- Promoting equitable distribution of healthcare resources.
- Complying with laws and regulations and protecting patients from others' incompetent or illegal practice
- Changing conditions where necessary to advance the best interests of patients.

Ihereby Solemnly swear and declare that the information I have provided here is correct to the best of my knowledge and that I am fully aware of the provisions of MLTT ACT, CAP 253A, OFFICER ETHICS ACT,, THE HEALTH ACT,2017, THE DATA PROTECTION ACT,2019, DIGITAL HEALTH ACT,2023 AND THE CONSTITUTION OF Kenya,2010 on matters related to my professional obligations as well as the sanctions provided in case of any contravention of their provisions and THAT I shall at all times obey and abide by the KMLTTB CODE OF ETHICS.

Sign.....National Identity Number.....
on this.....day of.....20.....

WITNESSED BY:(KMLTTB REGISTRATION STAFF)

NAME
SIGN ONTHISDAY
OF.....20.....

OFFICIAL USE ONLY (VERIFICATION CHECKLIST):

Training Institution Approval by KMLTTB				Yes		No		Index card	Yes						
									No						
CPD Points For renewal				Practical Rotation Report				Yes		No					
CV attached				Copy of National Identity		Yes		No		Passport Size Photo		Yes		No	
Certificate of Good Conduct															
Level of Training	PhD		Masters		Degree / Bachelors		Diploma		K.C.S.E Certificates		Yes		No		
	Yes	No	Yes	No	Yes	No	Yes	No	Professional Certificates		Yes		No		
									Academics Transcripts		Yes		No		
	PhD		Msc		Degree / Bachelors				Diploma						
KCSE Mean Grade				C+ Or Better		Yes		No		C (Plain) Or Better		Yes		No	
Kiswahili /English				C+ Or Better		Yes		No		C (Plain) Or Better		Yes		No	
Mathematics/ Physics				C+ Or Better		Yes		No		C (Plain) Or Better		Yes		No	
Chemistry				C+ Or Better		Yes		No		C (Plain) Or Better		Yes		No	

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Biology						
	C+ Or Better	Yes	No	C (Plain) Or Better	Yes	No
KMLTTB Registration Exam	Yes	No	Pass			
			Yes		No	
Applicant has NO any pending Disciplinary Case, matter or Process	Yes				No	
Verified and Approved To	To Be Registered and Licensed	Yes		No		
	Sit for Registration Examinations	Yes		No		
	Declined for Examination Registration and Licenser	Yes	No	Yes	No	
Remarks on documentation						
Verified By						
Signature:		Date:				

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EXAMINATION APPLICATION FORM :(TO BE FILLED ONLY BY APPLICANTS WHO HAVE NOT SAT FOR REGISTRATION EXAM AND THOSE RESITING FAILED PAPERS)

TO BE FILLED

Tick as appropriate

FULL PAPER REGISTRATION EXAMINATION (consist of ALL theories, practical and orals

For

RESIT (indicate subject codes applicable)

N/B: EXAMINATION RULES AND REGULATIONS SHALL APPLY

SUBJECT	CODE			Tick as Appropriate/Applicable
	CERT	DIP	DEGREE	
MICROBIOLOGY	CT01	DT01	BT01	
CLINICAL CHEMISTRY	CT02	DT02	BT02	
HEMATOLOGY	CT03	DT03	BT03	
BLOOD TRANSFUSION	CT04	DT04	BT04	
HISTOLOGY	CT05	DT05	BT05	
PARASITOLOGY	CT06	DT06	BT06	
PRACTICALS	CT07	DT07	BT07	
ORALS	CT08	DT08	BT08	

Booked for exam series

Examination Booked by

Date

.....Sign.....

.....

Remarks			
Verified By			
Signature:		Date:	