REPUBLIC OF KENYA
MINISTRY OF HEALTH

KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD

APPLICATION FOR REGISTRATION OF PUBLIC AND PRIVATE SECTOR MEDICAL LABORATORY

Pursuant to the Medical Laboratory Technicians and Technologists Act CAP 253A, Laws of Kenya.

KMLTTB QUALITY ASSURANCE SERVICES

KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD *Make Testing a Safe Reality*	APPLICATION FOR REGISTRATION OF PUBLIC AND PRIVATE SECTOR MEDICAL LABORATORY		DOCUMENT CONTROL SERIAL: KMLTTB/LAB/06A VERSION 002 DATE: 7TH JULY, 2026
	OWNERSHIP	REGISTRAR	

(FOR OFFICIAL USE ONLY)

KMLTTB FILE/REGISTRATION NUMBER: .....

DATE OF REGISTRATION AND LICENSURE:.....

1st Ngong Avenue, ACK Garden Hse, 4th Floor|P.O.BOX 20889-00202 Nairobi Kenya| Tel: 0202731391; +254713553495; +254713554133; +254706110110;+254733430330|Email: info@kmlttb.org/labs@kmlttb.org| Web: www.kmlttb.org

The Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB) is a body corporate with statutory mandate to exercise general supervision and control over the training, practice, business and employment of medical laboratory technicians and technologists under Cap 253A Laws of Kenya. The Board also advises the Government in relations to all aspects thereof including validation of in vitro diagnostics through Legal Notice No. 113 of 2011.

Any person or entity seeking to establish a medical laboratory shall apply to the Board for registration through this form KMLTTB/LAB/06A available online at www.kmlttb.org and submitted to KMLTTB secretariat before inspection of the Medical Laboratory.

DOCUMENTATION FOR REGISTRATION AND LICENSURE OF A MEDICAL LABORATORY

An application under procedure shall be accompanied by the following documents

A. Medical Laboratory documentation requirements;
    1. Duly filled and signed prescribed application form (KMLTTB/LAB/06A).
    2. Business registration certificate/certificate of Incorporation.
    3. Copies of KRA Tax Pin certificates (Director(s) or Company)
    4. Certified CR12 certificate (Issued within the last 6 months)
    5. Copies of National Identification cards for Director(s)
    6. List of validated medical laboratory equipment, reagents and other chemicals/Invitro Diagnostics (IVDs).
    7. Official Laboratory test menu (List of investigations to be performed).
    8. Signed Memorandum of Understanding (MOU) with a referral Medical Laboratory recognized as such by KMLTTB.
    9. NEMA-approved medical waste management contract/incineration MOU
    10. List of Medical Laboratory staff
    11. Any other requirement as may be determined by the Board. (E.g. Other health regulatory bodies' licenses offered at the facility if deemed necessary).
    12. KMLTTB bank payment slips/official receipts for application fees

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B. Superintendent documentation requirements

Superintendent license is issued for only one medical laboratory per professional.

1. KMLTTB registration certificate
2. KMLTTB current valid practice license
3. Proof of 5 years active practice post-registration
4. Updated curriculum vitae.
5. Appointment and acceptance letters as a Superintendent
6. Copy of National Identity card.
7. Copy of KRA Tax Pin certificate.
8. Copy of certificate of good conduct from the Directorate of Criminal Investigations.
9. Duly Filled application for approval as a medical laboratory superintendent form (KMLTTB/KMLTTB/METMLS/01A) (For first time applicants) or a Valid current Superintendent licence for previously registered Superintendents

C. Medical Laboratory staff documentation requirements

1. Appointment letter as a Medical Laboratory staff.
2. KMLTTB certificate of registration.
3. Current valid practice license.

PROCEDURE OF REGISTRATION

1. The Board shall review the application within seven days of receipt and notify the applicant of the status of the application.
2. Where the application meets the minimum requirements, the Board shall notify the applicant of the date for inspection of the proposed Medical Laboratory upon payment of the prescribed fee.
3. The Board shall cause the inspection of the Medical Laboratories for applicants who have paid the inspection fee.
4. Where the information submitted is incomplete, the Board shall notify the applicant to avail additional information within fourteen days.

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5. Where an applicant, without good cause, fails to provide the additional information required by the Board, within the fourteen days, the Board shall reject the application.
6. An applicant whose application has been rejected, may reapply.
7. The Inspectors shall conduct the inspection and share with the Medical Laboratory a preliminary report with recommendations within thirty days.
8. Medical laboratories shall be classified in accordance with the KMLTTB Medical Laboratory Schedule.
9. The Inspectors shall submit a final report with recommendations to the Board, within seven days.
10. The recommendations may either be for;
    a) the issuance of a Medical Laboratory registration certificate; or
    b) the rejection of the application.
11. Where the Board approves the recommendation of the Inspectors report, it shall issue the registration certificate within seven days of receipt of the Inspectors' final report.
12. Where the Board rejects the application, it shall notify the Medical Laboratory of the rejection within seven days of receipt of the Inspectors' final report.
13. An applicant whose application has been rejected, may appeal to the Board within ninety days for review or re-inspection, as the case maybe, upon payment of the specified fees.
14. The Board may issue an immediate closure notice to a Medical Laboratory that has not complied with the provisions of the MLTT Act, any Regulations or standard set by the board.

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A. PARTICULARS OF MEDICAL LABORATORY (To be filled by applicant)		
NAME OF MEDICAL LABORATORY FACILITY:		
MEDICAL LABORATORY DIRECTOR (S)/PROPRIETOR (S) PARTICULARS		
Name:	ID/PP No.	
Occupation/profession:	Phone No.	
Name:	ID/PP No.	
Occupation/profession:	Phone No.	
Name:	ID/PP No.	
Occupation/profession:	Phone No.	

Date of Application:	
Date of Establishment of Facility:	
P.O. Box:	
Postal Code:	
LR Number:	
Facility Phone Number:	
County:	

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Sub County:	
Constituency:	
County Ward:	
Longitude and Latitude:	
Integrated into Health Institution or Stand Alone:	
Working Hours: (8Hrs, 12Hrs or 24Hrs)	
B. PARTICULARS OF MEDICAL LABORATORY SUPERINTENDENT	
Full Name:	
National ID/ Passport:	
KMLTTB Reg. No.:	
Year of Current KMLTTB Practice License	
Highest Professional qualification:	
Date of registration:	
Practice Medical Laboratory Sciences In The Same Facility(Yes/No):	

(NB: Integrated Medical laboratory means it is located within a health institution that offers other health services from other healthcare professionals. Stand-alone means a medical laboratory facility without other health services)

C. MEDICAL LABORATORY TECHNICIAN(S)/TECHNOLOGIST(S) WORKING IN THE FACILITY		
S/NO.	NAME	List of all Medical Laboratory Sciences Qualifications
1.		

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2.		
3.		
4.		
5.		

D. OWNERSHIP OF MEDICAL LABORATORY		
i.	GOVERNMENT ORGANIZATION	
1.	National	
2.	County	
ii.	PRIVATE ORGANIZATION	
1.	Sole Proprietor	
2.	Partnership	
3.	Limited Company	
4.	Faith-based organization	
5.	Non-governmental organization (NGO)	

E. DECLARATION I hereby apply for a practicing certificate for the above indicated particulars of medical Laboratory premises. I solemnly declare that the information provided in this form is truthful and correct to the best of my knowledge.	
Signature of applicant (superintendent):	
KMLTTB Registration Number:	
Date:	

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FOR OFFICIAL USE ONLY (To be filled by Laboratory Registration Officer)
Documentation Verification before Registration of a Medical Laboratory

ITEM	DOCUMENT DESCRIPTION	AVAILABLE	MISSING
A. Medical Laboratory documentation requirements			
1.	Duly filled and signed prescribed application form (KMLTTB/LAB/06A).		
2.	Duly filled application for approval as a medical laboratory superintendent (KMLTTB/METMLS/01A)		
3.	Business registration certificate/certificate of Incorporation.		
4.	Copies of KRA Tax Pin certificates (Director(s) or Company)		
5.	Certified CR12 certificate (Issued within the last 6 months)		
6.	Copies of National Identification cards for Director(s)		
7.	List of validated medical laboratory equipment, reagents and other chemicals/Invitro Diagnostics (IVDs).		
8.	Official Laboratory test menu (List of investigations to be performed).		
9.	Signed Memorandum of Understanding (MOU) with a referral Medical Laboratory recognized as such by KMLTTB.		
10.	NEMA-approved medical waste management contract/incineration MOU		
11.	List of Medical Laboratory staff		
12.	Any other requirement as may be determined by the Board. (E.g. Other health regulatory bodies' licenses offered at the facility if deemed necessary).		

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13.	KMLTTB bank payment slips/official receipts for application fees		
B. Medical Laboratory staff documentation requirements			
1.	Appointment letter as a Medical Laboratory staff.		
2.	KMLTTB certificate of registration.		
3.	Current valid practice license		

STATUTORY DECLARATION BY THE APPLICANT	
NAME:	
ID:	
MOBILE NO.:	
P.0.Box	
Count y	
Sub county	
Name of Medical Laboratory	
I, the above named person making an application for registration of the said Medical do hereby solemnly declare and state as follows: i. That the medical laboratory shall only engage qualified medical laboratory professionals who are dully registered and licensed by KMLTTB. ii. That the said medical laboratory shall at all times use officially scientifically validated and verified Invitro diagnostics (medical laboratory reagents and equipment) in accordance with the standards set by KMLTTB and applicable regulations set out as per the mltt ACT Cap 253A laws of Kenya. That the medical laboratory shall maintain annual licensure at all times and shall operate as per the Standards of the KMLTTB classification registration	
Sign	
Date	

REGISTRATION AND LICENSURE PROCESSED BY: (Laboratory Registration Department)		
Filling status:	Complete and accepted	

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	Incomplete (Deferred for review)	
Name:		
Signature		
Date:		

REGISTRATION AND LICENSURE APPROVED BY: (Head of Department Laboratory Registration/Quality Assurance Officer)	
Name:	
Signature	
Date:	

……THE END……

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