

**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 Act (CAP  
253 A Laws of Kenya)*

	<b>APPLICATION FORM FOR REGISTRATION OF CPD PROVIDERS</b>		<b>DOCUMENT CONTROL</b>
	<b>OWNER OF THE FORM</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
<input type="checkbox"/>	<b>Other (International )</b>
<input type="checkbox"/>	
<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.
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<b>ATTACHMENTS</b>	<b>Attach documents</b>
<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> Training needs assessment report	

## International provider's requirements

<b>ATTACHMENTS</b>	<b>Attach documents</b>
<ol style="list-style-type: none"> <li>1. Application form</li> <li>2. Trading License</li> <li>3. List of thematic areas and activities</li> <li>4. Memorandum of Understanding(if applicable)</li> <li>5. Lead Facilitator Curriculum Vitae</li> <li>6. List of Directors</li> <li>7. Accreditation by Embassy/High Commission of Country of origin.</li> </ol>	

## THEMATIC AREAS OF THE CPD PROVIDER

NO	PROGRAM
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 and cytology
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 Cytophology
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	Bio informatics and Genomics
30	Digital health
31	Health Economics
32	Gender and health
33	Critical Thinking and intellectual skills
34	Point of care testing (POCT) and Self Testing
35	One Health

36	Data science and Machine learning/ Artificial Intelligence application in medical laboratory sciences practice.
37	Negreted Tropical diseases
38	Counselling in relation to medical Laboratory sciences, specimen collection analysis, investigations and test results.
39	Pharmaco genetics
40	Effects of climate change in medical m sciences
41	Medical laboratory analysis and investigations in nutrition and dietetics practice
42	Disaster management
43	Occupation health and safety
44	Bio Risk Assessment

**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
<b>NAME:</b> _____ <b>SIGN:</b> _____ <b>DATE:</b> _____	<b>NAME:</b> _____ <b>SIGN:</b> _____ <b>DATE:</b> _____