REPUBLIC OF KENYA
MINISTRY OF HEALTH

KENYA MEDICAL LABORATORY TECHNICIANS & TECHNOLOGIST BOARD
Make Testing a Safe Reality

KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD

MEDICAL LABORATORY SUPERINTENDENT WITHDRAWAL FORM

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

KMLTTB QUALITY ASSURANCE SERVICES.

	MEDICAL LABORATORY SUPERINTENDENT WITHDRAWAL FORM		DOCUMENT CONTROL SERIAL: KMLTTB/MLAB/SWF/01
	OWNERSHIP	REGISTRAR	Version 001 DATE: 24TH JULY, 2026

(FOR OFFICIAL USE)

FACILITY FILE NUMBER……

W/SUPERINTENDENT REGISTRATION NUMBER……

W/SUPERINTENDENT LICENSE CARD SERIAL NUMBER……

NEW 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

MEDICAL LABORATORY SUPERINTENDENT WITHDRAWAL FORM

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 invitro diagnostics through Legal Notice NO.113 of 2011.

IMPORTANT INFORMATION

1. The Health institution/Medial Laboratory must notify the Board immediately when a Medical Laboratory Superintendent ceases to hold the position.
2. The facility should ensure that a qualified and licensed Medical Laboratory Superintendent is appointed within seven days to maintain compliance with regulatory requirements.
3. The outgoing Superintendent remains accountable for laboratory services up to the effective withdrawal date.
4. Submission of false information constitutes an offence under the Medical Laboratory Technician and Technologist Act, Cap 253A Laws of Kenya and applicable regulations.
5. The Board reserves the right to request additional documentation where necessary.
6. Practicing certificate means a certificate of registration of a private or public Medical Laboratory.
7. Withdrawn Medical Laboratory Superintendent License card should be surrendered to KMLTTB alongside this form.

A. PARTICULARS OF THE MEDICAL LABORATORY	
Name of Medical Laboratory	
P.O. Box	
Mobile Number	

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Street/Road	
Email Address	
County	
Sub-County	
Constituency	
Ward	
Longitude and Latitude	
KMLTTB Medical Laboratory Class	
Type of Medical Laboratory; (GOK, Private or Faith based) and if (Stand-alone or Integrated)	
Hours of business (E.g. 8Hrs, 12Hrs or 24Hrs) Weekdays, weekends and public holidays	

B. PARTICULARS OF THE MEDICAL LABORATORY SUPERINTENDENT	
Full Name	
Identification Number	
Kmlttb Registration Number	
Date of KMLTTB Registration	
Date of Appointment as a Superintendent	
Professional Qualifications	
Highest Professional Qualification	
Institution where highest professional was obtained	
Effective date of withdrawal as a Superintendent	

C. REASON FOR WITHDRAWAL (Tick as appropriate)	
Resignation	

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Retirement	
Transfer to another Health Facility	
Termination of Employment	
Resignation	
Retirement	
Transfer to another Health Facility	
Death	
End of Contract	
Suspension	
Other (Specify)	

D. DECLARATION BY WITHDRAWING MEDICAL LABORATORY SUPERINTENDENT

I hereby withdraw my license as a Medical Laboratory Superintendent/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.

I hereby confirm that I have relinquished my responsibilities as the Medical Laboratory Superintendent of the above health facility with effect from the stated date.

Signature of applicant:	
KMLTTB Registration Number:	
Date:	

E. DECLARATION BY THE HEALTH INSTITUTION

I certify that the information provided in this application is true and correct to the best of my knowledge. I confirm that the above-named Medical Laboratory Superintendent has ceased to serve as the designated Medical Laboratory Superintendent of this facility with effect from the stated date.

Name of Health Institution/Medical Laboratory Representative:	

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Designation:	
Phone Number:	
Signature:	
Date:	

F. FOR OFFICIAL USE ONLY WITHDRAWAL OF MEDICAL LABORATORY SUPERINTENDENT LICENSE CARD RECEIVED BY: (Personnel Registration Officer)				
Withdrawn Superintendent Card Returned to KMLTTB	YES		NO	
Serial Number:				
Name:				
Signature				
Date:				

WITHDRAWAL OF MEDICAL LABORATORY SUPERINTENDENT APPROVED BY: (Head of Department Laboratory Registration/Quality Assurance Officer)	
Name:	
Signature	
Date:	

.....THE END.....

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