




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.*

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

APPLICATION FOR (TICK AS APPROPRIATE)

1. EXAMINATIONS	2. REGISTRATION	3. LICENSURE

**FOR OFFICIAL USE ONLY**

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

**OVERAL REVIEW COMMENTS:**

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

**TO BE FILLED BY THE APPLICANT**

INDEX NO.....

1. Full Name:							
2. National Identity		3. Mobile Number:					
4. Email:		5. Date of Birth:					
6. Training Institution:							
7. Nationality:							
8. Academic Qualification (KCSE/Others specify)							
9. Medical Laboratory Sciences Professional Qualification: (PhD/MSC/Degree /Diploma)				10. Application fee:			
11. Other qualifications				12. Where and When other Qualifications Obtained.			
Higher Diploma		Bachelors		CPD activities	Certificates	Diplomas	Degrees
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

**KMLTTB/APL/01**

- (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.

**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.

I .....hereby 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 CONCTITUION 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.**

Signed by .....KMLTTB Registration Number  
.....on this ..... day of  
.....of.....20.....

**WITNESSED BY:( KMLTTB REGISTRATION STAFF)**

NAME .....  
SIGN.....ONTHIS..... DAY  
OF.....20.....

**OFFICIAL USE ONLY (VERIFICATION CHECKLIST):**

Training Institution Approval by KMLTTB				Yes		No		Index card	Yes								
									No								
CPD Activities If any		Practical Rotation Report				Yes		No									
CV attached		Copy of National Identity				Yes		No		Passport Size Photo		Yes		No			
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 <b>NO</b> 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
Remarks on documentation						
Verified By						
Signature:				Date:		

**KMLTTB/APL/01**

**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 )

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     Year .....

Examination Booked by .....

Date

.....Sign.....  
.....

Remarks			
Verified By			
Signature:		Date:	