

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)*

	APPLICATION FORM FOR REGISTRATION OF CPD PROVIDERS		DOCUMENT CONTROL
	OWNER THE FORM	REGISTRAR	Serial: KMLTTB/TRN/03A Revision No. 001 Revision Date: 18TH MARCH 2024

APPLICATION FORM FOR REGISTRATION OF CPD PROVIDERS

PART A: ADMINISTRATIVE INFORMATION

CONTACT DETAILS	
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:	
CATEGORIES	
<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
MANAGEMENT	
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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QUALIFICATION (ATTACH CURRICULUM VITAE)
ATTACHMENTS 1. Letter of incorporation 2. University charter /TVETA registration/ Gazette Notice /Legal Notice 3. Tax compliance 4. Facilitator Curriculum Vitae 5. Director Police Clearance 6. List of facilitators 7. Memorandum of Understanding 8. Training needs assessment report

THEMATIC AREAS OF THE CPD PROVIDER

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		
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		

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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	Bioinformatics and Genomics		
30	Digital health		

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

APPLICATION FORM FOR REGISTRATION OF CPD PROVIDERS

Recommendation:__

Queries raised on non-compliance (Indicate where query is raised):

Approved by:

Approved by: REGISTRAR	Approved by: EDUCATION AND CPD COMMITTEE
NAME: _____ SIGN: _____ DATE: _	NAME: _____ SIGN: _____ DATE: _