




REPUBLIC OF KENYA
MINISTRY OF HEALTH



KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD
PRACTICAL ATTACHMENT COMPLETION REPORT

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

	PRACTICAL ATTACHMENT COMPLETION REPORT		DOCUMENT CONTROL Serial: KMLTTB/TRN/03A
	OWNER OF THE FORM	REGISTRAR	Version 001 Date: 9 TH AUGUST 2024

MINIMUM DURATION OF ATTACHMENT: MINIMUM 16 WEEKS

STUDENTS PARTICULARS

Name of student (Surname first)

KMLTTB Index Number

Name of Approved Medical Laboratory Training Institution.....

Course of Study

Stage/year of study.....

Name and address of Medical Laboratory attached

.....

Medical Laboratory RegNo.....Class.....

Name of Medical Laboratory Based Supervisor.....

.....

Designation.....

KMLTTB Registration Number

Mobile.....

Duration From:.....

To:.....

INSTRUCTION TO THE STUDENT

The attachment program is considered as an examinable unit that the students are supposed to undertake and be examined on.

CHANGE OF ATTACHMENT

A student is expected to start and finish his/her attachment in one establishment. If it becomes absolutely necessary that he/she must change his/her place of attachment, the student should first secure permission in writing from the Approved Medical Laboratory sciences Training institutions.

His/her application for change of place of attachment should indicate the name and address (not just post-office box) Medical Laboratory to which he/she wishes to transfer. Any attachment not properly authorized will be canceled.

Approved Medical Laboratory sciences Training institutions Supervisor's Visit

The Approved Medical Laboratory sciences Training institutions supervisor will check the logbook when he/she visits the student to ensure that proper training is being received, and record his/her comment on the page provided for that purpose, toward the end of the in logbook.

Medical Laboratory Based Supervisor

The Medical Laboratory -Based Supervisor(s) will make comments at the end of practical rotation of every student. This is to ensure that if the student is to rotate to several departments and units each unit supervisor will be able to comment on the student performance.

Medical Laboratory Based Supervisor's Evaluation

Towards the end of the attachment program, the Medical Laboratory Based Supervisor will undertake an overall assessment. These should be filled and sent to the Approved Medical Laboratory sciences Training institutions and/ or Kenya Medical laboratory Technicians and Technologist Board.

The Log Book and the attached documents are to be filled appropriately and the trainees are expected to submit the completed document to the medical laboratory Coordinator when they report back to their KMLTTB approved training institutions at the end of the attachment.

NOTE TO THE TRAINEE

- The Log Book provided to indexed students is a mandatory document for their training. The information entered there will contribute to part of their Course Work assessment.
- They should take good care of the Log Book and ensure they present it to the assessing lecturer during assessment.

- Make **Daily** entries in the Log Book of all activities/work done.
- Ensure your immediate supervisor inspects and make comments in the Log Book on a daily basis.
- You may use a separate note book where you need to write notes, procedures or drawings related to your assignments.

NOTE TO THE SUPERVISORS

- The Log Book should be inspected regularly by the trainee’s immediate supervisor and comments entered, accompanied by a signature.
- The trainee is expected to abide by all the rules and regulations of your firm/organization and any other instruction deemed necessary.
- Cases of absence from duty without permission and any misconduct should be reported to approve medical sciences training institutions and Kenya Medical Laboratory Technicians and Technologist Board.
- The management of your medical laboratories is at liberty to make any comment relevant to the trainee’s performance.

NB. In case of gross misconduct, the management should immediately contact the Approved Medical Laboratory sciences Training institutions and Kenya Medical Laboratory Technicians and Technologist Board

VISITING LECTURER FROM THE APPROVE TRAINING INSTITUTE DURING SUPERVISION VISIT			
Name:		KMLTTB RegNo:	
Signature:		Date of Visit:	
Number of other students attached in this institution			
Conducted supportive supervision	Yes		No
Sign			
Accompanied by Medical Laboratory Based Supervisor			
Name:		Designation:	
Signature:		Stamp:	

(To be filled by the Immediate Medical laboratory Supervisor)

Please rate the student on scale of 1 – 5 with 5 being best 4 Good, 3, Average, 2 Below Average and 1 being poor.

	1	2	3	4	5
1. Grooming					
2. Ability to interact					
3. Team work					
4. Communication					
5. Patience					
6. Observe of safety					
7. Punctuality/Attendance					
8. Willingness to learn					
9. Reliability					
10. Direct observation					
11. Discipline					
12. Innovativeness /Creativity					
13. Knowledge and Skills competences in the technical /professional area					
15. Leadership potential					
16. Work performance					
17. Resource management and utilization					
18. Others specify					

Name of Immediate Supervisor:

Signature Date

Official Stamp

PLEASE INDICATE BRIEFLY DUTIES AND THE FUNTIONAL AREAS/ UNITS IN WHICH THE STUDENT ROTATED DURING THE PRACTICAL ATTACHMENT PERIOD.

A is Excellent, B A is Above Average, C is Average, D is Below Average

S/No	Area/ unit of rotation	Skills Acquired		Score (A,B,C,D)
1	HEMATOLOGY-			
	COAGULATION STUDIES/ HAEMOSTATIS			
2	BLOOD TRANSFUSION SCEINCE			
	BLOOD DONOR IDENTIFICATION ,RECRUITMENT AND BLOOD COLLECTION			
3	PARASITOLOGY			
	ENTOMOLOGY			
	MARACOLOGY			
	MYIASIS			
5	HISTOPATOLOGY			
6	CYTOLOGY			
7	BACTERIOLOGY(MICROBIOLOGY)			
8	VIROLOGOLY			
9	MYCOLOGY			
10	CLINICAL CHEMISTRY			
11	PHLEBOTOMY			
12	SPECIMEN COLLECTION			
13	Others specify			

Signature Date.....

Official Stamp

(To be filled by the attaching medical laboratory Director / In charge)

Name of Medical
Laboratory

P.O. Box.....Postal code

Town

Telephone.....Email.....

This is to certify that ID. No Of.....

(Approved Medical Laboratory sciences Training institutions department) has cleared
with us this day

.....having completed his/her attachment fromto

Any other remarks

Signature Date

Official Stamp

TO BE SIGNED BY THE PRACTICAL ATTACHEE

IAs a 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.

Signed byKMLTTB Registration Numberon thisday ofof.....20.....

WITNESSED BY:

NAMESIGN.....ON
THIS..... DAY OF20.....