




REPUBLIC OF KENYA  
MINISTRY OF HEALTH



## KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD

### APPLICATION FOR WAIVER FORM FOR RENEWAL OF LICENSE BY MLS PROFESSIONALS LIVING WITH DISABILITY.

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

|   |  |           |  |
|---|--|-----------|--|
|  | APPLICATION FOR WAIVER FORM FOR RENEWAL OF LICENSE BY MLS PROFESSIONALS LIVING WITH DISABILITY |           | DOCUMENT CONTROL<br>Serial: KMLTTB/MLS/PLWD//01<br>Version 001<br>Date: 2NDJANUARY, 2025 |
|   | OWNER OF THE FORM  | REGISTRAR |  |

**APPLICATION FOR WAIVER FORM FOR RENEWAL OF LICENSE BY MLS PROFESSIONALS LIVING WITH  
DISABILITY**

|   |  |                           |                        |                     |  |
|---|--|---------------------------|------------------------|---------------------|--|
| <b>DATE AND TIME:</b>                                   |  | <b>NAME OF APPLICANT:</b> |                        | <b>SEX:</b>         |  |
|   |  |                           |                        |                     |  |
| <b>KMLTTB REGNO:</b>                                    |  |                           | <b>MOBILE NO:</b>      |                     |  |
| <b>ID NO:</b>   |  |                           |                        |                     |  |
| <b>EMAIL:</b>   |  |                           |                        |                     |  |
| <b>DISABILITY CATEGORY:</b>                             |  |                           | <b>NCPWD.REG.</b>      |                     |  |
| <b>WHEN DISABILITY WAS ACQUIRED</b>                     |  |                           | <b>CAUSE:</b>          |                     |  |
| <b>COUNTY:</b>  |  |                           | <b>SUB<br/>COUNTY:</b> |                     |  |
| <b>NAME OF MEDICAL LABORATORY<br/>FACILITY:</b>         |  |                           | <b>REG NO:</b>         |                     |  |
| <b>CPD POINTS THRESHHOLD :</b>                          |  | <b>YES;</b>               |                        | <b>NO;</b>          |  |
|   |  |                           |                        |                     |  |
| <b>LICENSE STATUS :</b>                                 |  | <b>ACTIVE :</b>           |                        | <b>INACTIVE :</b>   |  |
| <b>PLEASE ATTACH DISABILITY REGISTRTION CERTIFICATE</b> |  | <b>ATTACHED</b>           |                        | <b>NOT ATTACHED</b> |  |
| <b>APPROVAL OF LICENSE WAIVER</b>                       |  |                           |                        |                     |  |
| <b>YES :</b>  |  |                           | <b>NO;</b>             |                     |  |
| <b>REGISTRATION OFFICER :</b>                           |  |                           |                        |                     |  |
| <b>NAME :</b>   |  |                           |                        |                     |  |
| <b>SIGN:</b>  |  |                           |                        |                     |  |
| <b>DATE:</b>  |  |                           |                        |                     |  |
| <b>VERIFIED BY:</b>                                     |  |                           | <b>SIGN:</b>           |                     |  |

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