REPUBLIC OF KENYA
MINISTRY OF HEALTH

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

KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD

APPLICATION FOR APPROVAL AS A MEDICAL LABORATORY SUPERINTENDENT

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

KMLTTB QUALITY ASSURANCE SERVICES

	APPLICATION FOR APPROVAL AS A MEDICAL LABORATORY SUPERINTENDENT		DOCUMENT CONTROL SERIAL: KMLTTB/METMLS/01A Version 001 DATE: 6TH JANUARY, 2026
	OWNERSHIP	REGISTRAR	

(FOR OFFICIAL USE ONLY)

FACILITY FILE NUMBER: ……..……

FACILITY NAME: ……

SUPERINTENDENT REGISTRATION NUMBER: ……

DATE OF REGISTRATION AND LICENSURE: ……..……

INTRODUCTION

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.

Approval as a Medical Laboratory Superintendent requires registration and licensing with the Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB). To qualify, applicants must hold a degree/diploma in Medical Laboratory Sciences, a valid practicing license, and not less than 5 years of post-registration supervised work experience.

To be officially approved and gazetted as a superintendent, you must compile and submit the following verifiable documents to the Board.

KEY REQUIREMENTS:

1. KMLTTB registration certificate
2. KMLTTB current valid practice license
3. Proof of 5 years of active practice post KMLTTB registration
4. Updated curriculum vitae.
5. Appointment and acceptance letters as a Superintendent
6. Copy of National Identity card.
7. Copy of KRA Tax Pin certificate.
8. Copy of certificate of good conduct from the Directorate of Criminal Investigations or payment receipt.
9. Duly Filled application for approval as a medical laboratory superintendent form (KMLTTB/KMLTTB/METMLS/01A)
10. Valid current Superintendent license (for previously registered Superintendents).

11. Withdrawal form (KMLTTB/MLAB/SWF/01) by pervious Superintendent (for existing facilities)
12. Official payment receipt

NB: Superintendent License is valid for ONLY ONE registered premise.

THE APPLICATION PROCESS

i. Download application for approval as a medical laboratory superintendent form directly from the KMLTTB website; www.kmlttb.org
ii. Fill the application form and attach all the required documents as listed above
iii. Pay the prescribed application fees via E-citizen
iv. Submit the filled application form, with the attached documents and a copy of the payment receipt to the KMLTTB Medical Laboratory Registration Department

NB: This form is to be filled by ALL Superintendents (Both active and New)

A. PARTICULARS OF THE APPLICANT FOR APPROVAL AS A MEDICAL LABORATORY SUPERINTENDENT (To be filled by the Superintendent)	
Name	
National ID	
KMLTTB registration number	
Date of KMLTTB registration	
Date of appointment	
Terms of employment (if contract, state period for contractual agreement)	
Professional qualifications	
Highest professional qualification	
Institution where highest professional was obtained	
Period of appointment	

B. PARTICULARS OF THE MEDICAL LABORATORY TO SUPERINTEND	
Name of Medical Laboratory	
P.O. Box	
Mobile number	
Street/Road	
Email address	
County	
Sub-County	
Constituency	
Ward	
Geolocation (Longitude and Latitude)	
KMLTTB Medical Laboratory Class	
Type of Medical Laboratory; Public (National/County Gov.) OR Private (FBO, NGO etc.)	
Stand-alone OR Integrated into a Health Institution	
Working Hours (8Hrs, 12Hrs or 24Hrs)	

C. DECLARATION I hereby apply for a Medical Laboratory Superintendent license/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.	
Name and signature of applicant	
KMLTTB Registration Number	
Date	

D. FOR OFFICIAL USE (To be filled by Laboratory Registration Officer)				
Superintendent documentation requirements		AVAILED	NOT AVAILED	N/A
1.	KMLTTB registration certificate			
2.	KMLTTB current valid practice license			
3.	Proof of 5 years active practice post-registration			
4.	Updated curriculum vitae.			
5.	Appointment and acceptance letters as a Superintendent.			
6.	Copy of National Identity card.			
7.	Copy of KRA Tax Pin certificate.			
8.	Copy of certificate of good conduct from the Directorate of Criminal Investigations or payment receipt			
9.	Current valid Superintendent license for a previously registered Superintendent			
10.	Duly Filled application form for approval as a medical laboratory superintendent (KMLTTB/METMLS/01A)			
11.	Withdrawal form (KMLTTB/MLAB/SWF/01) by previous Superintendent (for already existing facilities)			
12.	Official payment receipt			

REGISTRATION/LICENSURE APPROVED BY MEDICAL LABORATORY REGISTRATION OFFICER	
Name and signature	
Date	

REGISTRATION/LICENSURE APPROVED BY PERSONNEL REGISTRATION OFFICER				
Superintendent Card Issued:	Yes		No	
Serial Number:	Personnel:		Sup:	
Name and signature				
Date				

REGISTRATION/LICENSURE APPROVED BY HEAD OF DEPARTMENT MEDICAL LABORATORY REGISTRATION/QUALITY ASSURANCE OFFICER	
Name and signature	
Date	

…… THE END……