

**KMLTTB/TRN/03A**



**REPUBLIC OF KENYA  
MINISTRY OF HEALTH**




**REPUBLIC OF KENYA**

**KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD**

**APPLICATION FORM FOR REGISTRATION OF CPD PROVIDERS**

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

 KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD Make Testing a Safe Reality	<b>APPLICATION FORM FOR REGISTRATION OF CPD PROVIDERS</b>		<b>DOCUMENT CONTROL</b>
	<b>OWNER</b>	<b>REGISTRAR</b>	Serial: KMLTTB/TRN/03A  Revision No. 001  Revision Date: 18 <sup>TH</sup> MARCH 2024

**PART A: ADMINISTRATIVE INFORMATION**

<b>CONTACT DETAILS</b>	
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:	
<b>CATEGORIES</b>	
<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
<b>MANAGEMENT</b>	
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. 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

**THEMATIC AREAS OF THE CPD PROVIDER**

NO	PROGRAM
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 and cytology
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
19	Quality Management Systems
20	Epidemiology and medical laboratory research
21	Risk Management
22	Infection Prevention and Control
23	Antimicrobial Resistance
24	Clinical Cytopathology
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	Bio informatics and Genomics
30	Digital health
31	Health Economics
32	Gender and health
33	Critical Thinking and intellectual skills
34	Point of care testing (POCT) and Self Testing
35	One Health
36	Data science and Machine learning/ Artificial Intelligence application in medical laboratory sciences practice.
37	Negreted Tropical diseases
38	Counselling in relation to medical Laboratory sciences, specimen collection analysis, investigations and test results.
39	Pharmacogenetics
40	Effects of climate change in medical m sciences
41	Medical laboratory analysis and investigations in nutrition and dietetics practice
42	Disaster management
43	Occupation health and safety
44	Medical Laboratory Sciences professionals Wellness
45	Medical Professionals Ethics
46	Medical Laboratory sciences practice in relation to mental health

#### **PART B: DECLARATION BY APPLICANT**

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, Laws of Kenya, officer ethics act, 2012, the Health act,2017, the Data protection act,2019, Digital health act,2023 And the Constitution of kenya,2010. THAT, on all matters related to my obligations as a Medical Laboratory Sciences professional, in charge of a CPD programme, protect and defend the dignity of the profession, participants, patients, other healthcare professionals as well as the wider society. THAT, I shall discharge my duties in accordance with all the applicable laws and regulations at all times and THAT I shall at all times obey and abide by the KMLTTB CODE OF ETHICS.

Designation of Signatory: \_\_\_\_\_ Signature: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**PART C: FOR KMLTTB OFFICIAL USE ONLY**

1. Application Number \_\_\_\_\_

Date of submission of Application \_\_\_\_\_

Receipt No. \_\_\_\_\_

Received by: \_\_\_\_\_

Signature \_\_\_\_\_

**Conclusion**

Recommendation: \_\_

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

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PROCESSED BY:

DISIGNATION.....

NAME:.....SIGN.....DATE.....

APPROVED BY:

REGISTRAR.....

NAME:.....SIGN.....DATE.....

**Official KMLTTB Stamp:**