

KMLTTB/TRN/03B




**REPUBLIC OF KENYA
MINISTRY OF HEALTH**



REPUBLIC OF KENYA

KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD
CPD PROVIDERS APPEAL FORM

*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	CPD PROVIDERS APPEAL FORM		DOCUMENT CONTROL
	OWNER	REGISTRAR	Serial: KMLTTB/TRN/03B Revision No. 001 Revision Date: 6 th MARCH 2024

CPD PROVIDERS APPEAL FORM

DATE: _____

REQUIREMENT'S FOR APPEAL WITH THE BOARD

PART A

1. The Form Should Be Filled In Block Letters By The Applicant.
2. A copy of approval certificate of providers
3. A copy of renewal license certificate
4. Relevant data capture tools (CPD attendance sheet)
5. Attachment(s) of credible evidence for use in appeal grounds
6. Copy of appeal PAYMENT SLIP (non-refundable fee) KSH _____ (Bring Together With Your Originals For Verification)

PART B

DECLARATION: I _____ declare that the information I will provide is correct and truthful to the best of my knowledge.

Signature: _____

Witness Name: _____ Signature: _____

PART C

NAME OF PROVIDER [INSTITUTION /HEALTH FACILITY: _____

KMLTTB PROVIDER REG NO: _____

PERMANENT ADDRESS OF INSTITUTION _____

EMAIL ADDRESS _____

COUNTY _____

NAME OF THE RESPONDENT _____

NATIONAL IDENTITY NO/ PASSPORT NO _____

TELEPHONE NO _____ MOBILE NO _____

DATE OF BIRTH _____ GENDER _____

NATIONALITY _____

DETAIL OF COMPLAINTS

I wish to appeal against the decision of the: KMLTTB CPD COMMITTEE

On the subject of below:

SUBJECT OF COMPLAINT _____

DATE OF INCIDENT: DAY _____ MONTH _____ YEAR _____

COMPLAINTS

Expected outcome:

Name _____ Sign _____

Witness Name _____ Sign _____

PART D: COMMITTEE OFFICIAL REPORT

COMMENTS:

CONCLUSION:

RECOMMENDATION

COMMITTEES VERDICT

COMMITTEE MEMBERS PRESENT

	NAME	DESIGNATION	DATE	SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

COMMITTEE CHAIRMAN NAME

SIGNATURE

DATE

CPD OFFICER

SIGNATURE

DATE

