



REPUBLIC OF KENYA

MINISTRY OF HEALTH


KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD

APPLICATION FORM FOR REGISTRATION OF CPD PROVIDERS

Pursuant to the Medical Laboratory Technicians and Technologists Act, CAP

253 A Laws of Kenya.



	APPLICATION FORM FOR REGISTRATION OF CPD PROVIDERS		DOCUMENT CONTROL
	REGISTRAR	REGISTRAR	Serial: KMLTTB/TRN/03A Revision No. 001 Revision Date: 18 TH MARCH 2024

PART A: ADMINISTRATIVE INFORMATION

SUBCOUNTY	TOWN:
LANDMARK:	
PLOT NUMBER:	
POSTAL ADDRESS:	
INSTITUTION MOBILE NUMBER:	
INSTITUTION EMAIL:	
INSTITUTION WEBSITE:	
ROAD/ STREET:	
BUILDING:	
FLOOR ON THE BUILDING:	
CATEGORIES	
<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). Medical Practitioners and other recognized professionals. <input type="checkbox"/> Faith based organizations. <input type="checkbox"/> Non-Governmental Organizations. 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 <input type="checkbox"/> Conferences/ exhibitions and other medical Laboratory scientific organizers.	
MANAGEMENT	
1. DIRECTOR/S NAME: ID NUMBER: MOBILE NUMBER.	
2. CHIEF EXECUTIVE OFFICER'S NAME: ID NUMBER. MOBILE NUMBER.	
3. COORDITOR NAME: MOBILE NUMBER: KMLTTB REG NUMBER: ID NUMBER:	

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
8. Training needs assessment report

THIMATIC AREAS APPROVED FOR CPD ACTIVITIES

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.	Neglected 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 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.	Mental health issues and in relation to medical Laboratory Sciences practice.

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**.

APPLICANTS NAME:	
DESIGNATION:	
SIGN:	
DATE:	

PART C:

FOR KMLTTB OFFICIAL USE ONLY	
Application Number	
Date of submission of Application	
Receipt No	
Received by:	
Designation:	
Signature	

Conclusion:

1.....

2.

Recommendation:_

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4.

Approved by:	
DESIGNATION:	
SIGN:	
DATE:	