



FEES PAYABLE

To.....
.....
.....

Dear Sir/ Madam,

Further to your application for
.....

Of....., the following table shows the amount you are suppose to pay.

ITEM	ITEM TO BE PAID FOR	AMOUNT PAYABLE	AMOUNT PAID	RECEIPT NO.	REMARKS (tick where applicable)				
					1	2	3	4	5
1	APPLICATION FEE								
2	INSPECTION FEE								
3	RE INSPECTION FEE								
4	REGISTRATION FEE								
5	ANNUAL INSPECTION FEE								

Please note in case of unsuccessful applications appropriate fees will be made to the applicant.

- REMARKS;**
- 1. Non refundable
 - 2. Refundable
 - 3. Paid once
 - 4. Paid Yearly
 - 5. Paid for each application

REGISTRAR.....

SIGNATURE.....

FOR OFFICIAL USE ONLY.

Form sent on Amount received

Serial No..... Date received

Date received back..... Official receipt



Date.....

Our Ref:_____

Your Ref:_____

APPLICATION FOR APPROVAL TO OPERATE PRIVATE MEDICAL LABORATORY

PART 1

TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS IN APPLICANTS OWN HAND WRITING

1. NAME OF LABORATORY/INSTITUTION.....

2. NAME/NAMES OF DIRECTOR (S)

(a)_____ ID/PP No _____

(b)_____ ID/PP No _____

(c)_____ ID/PP No _____

3. PERMANENT ADDRESS OF INSTITUTION

(a) Post Office Box _____CODE_____ (i) Plot No. _____

(b) Telephone No. _____ (j) LR No. _____

(c) Cell Phone No. (If any) _____ (k)Town Center_____

(d) Fax No. _____ (l) Estate/Village_____

(e) E-mail _____ (m) County_____

(f) Road/ Street _____ (n) Province _____

(g) Premise Name/Blg _____ (o) Land mark _____

(h) Stand alone/ Attached _____

(NB: Integrated Medical laboratory should be located within a health facility that has the following support units;outpatient services and/or inpatient facilities)

4. DATE OF ESTABLISHMENT _____

5. WORK LOAD **(TICK AS APPROPRIATE FROM THE LIST PROVIDED)**

6. (a) NAME OF SUPERINTENDENT LAB TECHNOLOGIST

(b) PROFESSIONAL QUALIFICATION(S)

(a) _____

(b) _____

(c) _____

(ATTACH LEGIBLE CERTIFIED COPIES OF RELEVANT DOCUMENTS, WHERE OBTAINED AND CONTACT ADDRESS)

(c) LABORATORY TECHNICIAN(S)/TECHNOLOGIST(S) WORKING IN THE FACILITY:

Name	Qualification	KMLTTB Registration Status

6 (d) Ownership of the company

- (i) Sole Proprietor
- (ii) Partnership
- (iii) A Limited Company

6 (e) In case of (i) above, provide the registration of company bearing the lab superintendent names (BN)

In case of (ii) above the lab technologist must be the majority share holder and must attach approve of the same inform of an affidavit.

In case of (iii) above the superintendent technologist must be the majority share holder and

In case where such a technologist is not a shareholder, the lab technologist must be appointed in writing and the board will recognize acceptance letter (please see annex 1).



REPUBLIC OF KENYA
MINISTRY OF HEALTH



THE ROLE OF A LABORATORY SUPERITENDENT

The superintendent laboratory technologist is the person whose academic certificates, Registration certificate and valid practice license has been forwarded to the Board for the purpose of the registration of the premises

ELIGIBILITY TO SUPERITENDENT

1. A laboratory technologist shall only be legible to superintendent over a registered premise if she/he holds a valid practice license.
2. A laboratory Technologist shall be eligible to superintendent over premises registered by the board if she/he has worked under supervision of another qualified laboratory superintendent for a period not less than 5 years from the time of obtaining a diploma or degree in laboratory science.
3. Any person(s) who wants to apply for registration of premises shall complete the application forms in his own hand writing and provide all the necessary documents as may be prescribed by the Board.
4. One person shall only be eligible to superintendent over one registered premise.
5. A reasonable distance shall be maintained between two registered premises to discourage unfair competition.
6. A body corporate/ Limited liability company may apply to operate more than one premise (as branches.) However the requirement stipulated in the KMLTTB act must be adhered to including that each set of premise, there shall be a different superintendent laboratory Technologist.
7. The board shall be notified in writing at least 30 days prior to any changes affecting the following :
 - i. Change of ownership-including share distribution, change of directors etc.
 - ii. Superintendent laboratory technologist
 - iii. Change in registered premises i.e Location Plot number, building etc.
 - iv. Nature of business i.e change of laboratories class.
 - v. Any other significant changes

7. FULL NAMES OF APPLICANT

8. SIGNATURE AND OFFICIAL STAMP OF THE INSTITUTION

9. DATE OF APPLICATION

PART II

DECLARATION BY APPLICANT

(To be filled in Capital Letters)

I (Full Name) _____

Declare that:-

- (a) I am eighteen/over eighteen years old.
- (b) I am to the best of my knowledge in a physical and mental state of health to be able to carry out the responsibilities required of me by the profession.
- (c) I have not impersonated anybody on any issue related to the profession or otherwise.
- (d) I have not altered, falsified or uttered any document/(s) related to the profession or otherwise.
- (e) I am free from any criminal record/(s), conviction/(s) related to the profession or otherwise.
- (f) I am of good profession/ethical standing as required by the professional Code of Conduct and Ethics
- (g) I will at all times in the practice of my profession observe and strictly maintain Adherence to the provisions and requirements of the professional Code of Conduct and Ethics.

PART III

FOR OFFICIAL USE ONLY

(Delete whichever is not applicable)

RG _____

TS _____

Date of Application _____ Application No. _____

Date Application Received _____ Receipt No. _____

Approved/Not Approved _____ Serial No. _____

Date _____

NOTE: ONLY ORIGINAL COPIES WILL BE ACCEPTED