

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

APPLICATION FOR LICENSING TO NON LABORATORY TESTER

Fill in the Block letters

1. Non-Laboratory Testers Particulars.

- a) Surname:.....
- b) Other Names:.....
- c) Date of Birth:.....
- d) Present Address in Tanzania:.....
- e) Cell Phone:.....
- f) E-mail address:.....

2. Employer in Tanzania:.....

3. Name of the Facility:.....

4. Job Title/Designation:.....

5. Professional registration number:.....

6. Test requesting for licensing:.....

7. Training course attended and length of training

S/No	Training Received	Starting Date	Completion Date

8. Verified and Endorsed by RLT/DLT/Laboratory Manager to confirm that, the person to be licensed is working in his/her area of Facility.

Supervisor Name:.....

Date:..... Signature of Supervisor:.....

NB:- (i) This form when completed is sent together with the evidence of licensing fee payment and two passport size photographs to;

The Register,

Health Laboratory Practitioners Council of Tanzania,

Government City – Mtumba,

Health Road/Street,

P.O. Box 743,

40478 Dodoma.

Tanzania.

PART II

DECISION OF THE COUNCIL

- I. This application has been approved by the Council which met on.....
- II. This application has been rejected by the Council which met on due to the following reason(s)
.....
.....
.....

Date..... Registrar.....

All Payments should be paid to bank after obtaining special **CONTROL NUMBER** from registrar office.