



Medical Laboratory Technologist (MLT) Regulated Member Initial or Renewal Registration Application

The College of Medical Laboratory Technologists of Manitoba (CMLTM) is designated under the Medical Laboratory Technologist Act, C.C.S.M. c. M100 to govern and regulate the profession of Medical Laboratory Technology in the province of Manitoba.

All sections must be completed in blue or black ink only. Faxes are not accepted. Please mail the completed form to: College of Medical Laboratory Technologists of Manitoba, 146-2025 Corydon Ave. Winnipeg, Manitoba R3P 0N5



Personal Information

The Following Are Mandatory Registry Requirements

Last Name	First Name	Middle Initial	Previous Last Name (if applicable)
Address		City	Province
Postal Code			
Home Phone	Work Phone	Extension	E-mail Address
Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Female <input type="checkbox"/> Male Gender	CMLTM Number	CSMLS Number



Employment History

Initial Province of MLT Employment	Initial Year of MLT Employment	Initial Year Registered With CMLTM As An MLT
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With the exception of new graduates, MLT applicants for active registration are required to have practised a minimum of 1200 hours in the previous 5 years.

For Practice Area please enter the code(s) from the table to the right.

Employer	Practice Area	Hours Worked
2010 Employer	Practice Area	Hours Worked
2009 Employer	Practice Area	Hours Worked
2008 Employer	Practice Area	Hours Worked
2007 Employer	Practice Area	Hours Worked
2006 Employer	Practice Area	Hours Worked

Key Codes
Practice Area:

- PA - 1 General
- PA - 2 Clinical Chemistry
- PA - 3 Clinical Microbiology
- PA - 4 Clinical Genetics
- PA - 5 Cytology
- PA - 6 Electron Microscopy
- PA - 7 Hematology
- PA - 8 Histology
- PA - 9 Immunology
- PA - 10 Virology
- PA - 11 Parasitology
- PA - 12 Transfusion Sciences

For CMLTM Office Use Only:

Date Received: Approved Registration Type.....

Date Fees Processed: Effective Date:

DB Entry Date..... Expiry Date:



EDUCATION HISTORY

Please enter the specifics of your **basic MLT education**.

Graduation Year	Granting Institution Name	Province	Country
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Please specify any **other degrees or diplomas achieved** (to a maximum Of 3) beginning with the highest level achieved. Refer to key codes to indicate your Major and the type of degree or diploma obtained.

Example:
 1995 University of Manitoba

 Graduating Year Granting Institution Name

 Manitoba Canada

 Province Country Major (key code) Degree/Diploma (key code)

Graduating Year	Granting Institution Name	M - Major (key code)	D - Degree/Diploma (key code)
_____	_____	_____	_____
Province	Country		

Graduating Year	Granting Institution Name	M - Major (key code)	D - Degree/Diploma (key code)
_____	_____	_____	_____
Province	Country		

Graduating Year	Granting Institution Name	M - Major (key code)	D - Degree/Diploma (key code)
_____	_____	_____	_____
Province	Country		

Please specify whether you have any **bridging or re-entry education**.

Bridging	Re-entry Education	Not Applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Graduation Year	Province	Country
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KEY CODES

Major:

- M-1 Medical Laboratory Science
- M-2 Health Administration Management
- M-3 Public Administration
- M-4 Psychology
- M-5 Health Professions and Related Clinical Sciences
- M-6 Biological, Biomedical Sciences and Physical Sciences
- M-7 Mathematics, Computer and Information Sciences
- M-8 Social Sciences, Arts, and Humanities
- M-9 Education
- M-10 Law
- M-11 Business Management, Marketing and Related
- M-12 Other

Degree/Diploma:

- D-1 Post Secondary Certificate
- D-2 Diploma (MLT)
- D-3 Diploma (ART)
- D-4 Diploma (Other)
- D-5 Baccalaureate (Science)
- D-6 Baccalaureate (Other)
- D-7 Master's (Science)
- D-8 Master's (Other)
- D-9 Doctorate



CERTIFICATION HISTORY (Attach copies of relevant certificates/degrees and transcripts)

Have you successfully completed a College Council approved exam (CSMLS certification exam)?

- Yes, Year _____ If not already provided, please include copy of the CSMLS certificate.
- No, Reason _____

PLEASE NOTE: Applicants who have not written the CSMLS certification exam must include CSMLS Documentation authorizing writing of the national certification exam. If such is provided the College will consider granting a Conditional registration on a temporary basis.

Please provide **certification information** (to a maximum of three) beginning with the highest level of certification achieved, Refer to the key codes to the right to indicate your certification level and certification area obtained.

Year Achieved	L - Level (key code)	A - Area (key code)
_____	_____	_____
Year Achieved	Level (key code)	Area (key code)
_____	_____	_____
Year Achieved	Level (key code)	Area (key code)
_____	_____	_____
Year Achieved	Level (key code)	Area (key code)

Key Codes

Certification Level:

- L - 1 Distinguished Fellowship
- L - 2 Advanced Registered Technologist
- L - 3 Medical Laboratory Technologist
- L - 4 Not CSMLS Certified

Certification Area:

- A - 1 General
- A - 2 Clinical Chemistry
- A - 3 Clinical Microbiology
- A - 4 Clinical Genetics
- A - 5 Cytology
- A - 6 Electron Microscopy
- A - 7 Hematology
- A - 8 Histology
- A - 9 Immunology
- A - 10 Virology
- A - 11 Parasitology
- A - 12 Transfusion Sciences

Definitions of Facility Types

Area of Practice, Expertise, and Responsibility Form

An excerpt from the CIHI 2007 Medical Laboratory Technologist Database Data Dictionary.

General Hospital (Ft - 1)

A health care facility that offers a range of in-patient and outpatient health care services (for example, medical, surgical, psychiatry etc.) available to the target population. Includes specialty hospitals not otherwise classified.

Residential Care Facility (Ft - 2)

Refers to a licensed or regulated health facility that provides 24-hour skilled or immediate nursing care (that is, qualified nurses are on-site and available to respond immediately, if required). Includes long-term care facilities, nursing homes, special care homes, and homes for the aged.

Physicians/Other Professional Practice Office (Ft - 3)

A professional practice office (e.g. physician's office) organized around the delivery of primarily onsite health services, by a health professional or group of health professionals. Clients typically come to the professionals' location to receive services. Other support staff may also be involved; however, the health professionals are the focus of service provision. Laboratory services are offered but are not the focus of practice.

Community Health Centre (Ft - 4)

A community based organization that may be the first point of contact for clients offering a range of primary health, social and/or other non-institutional-based services, including medical laboratory services.

Public Health

Laboratory/Department/Unit (Ft - 5)

A laboratory facility, government department or unit that administers programs and/or provides laboratory services focusing on the five primary functions of public health: population health assessment; health surveillance; health promotion; disease and injury prevention; and health protection. (e.g. provincial or national public health laboratories, Centres for Disease Control, etc.)

Centralized Diagnostic Laboratory Facility (Ft - 6)

A laboratory facility that serves as the centralized focus of specialized or broadly based human health related diagnostic laboratory services, as part of a distributed system that includes collection, transportation, testing and results reporting. Excludes any public health or blood transfusion service laboratories. (e.g. Calgary Laboratory Services Diagnostic Scientific Centre, any public or private centralized diagnostic laboratory facility not otherwise classified)

Freestanding Diagnostic Laboratory (Ft - 7)

A stand-alone laboratory providing specialized or broadly based human health related diagnostic laboratory services including collection, testing and results reporting. Excludes any public health or blood transfusion service laboratory.

Specimen Collection Centre (Ft - 8)

A site providing human health related testing and/or specimen procurement. Excludes any public health or blood transfusion service procurement sites. (e.g. specimen collection station, patient service centre, or any laboratory focused on specimen procurement only)

Blood Transfusion Centre (Ft - 9)

Refers to a facility that collects, screens, tests, processes, stores and/or supplies blood, blood products, or its alternatives for the purposes of transfusion. (e.g. Canadian Blood Services, Hema Quebec.)

Other Laboratory Facility (Ft - 10)

Other laboratory not otherwise identified.

Post-Secondary Educational Institution (Ft - 11)

A post-secondary institution, either a university, college, or equivalent institution, with a primary focus on the delivery of education.

Association/Government/Para-Governmental (Ft - 12)

An organization or government that deals with regulation, advocacy, policy development, program development, research and/or the protection of the public, at a national, provincial/territorial, regional or municipal level.

Industry, Manufacturing, and Commercial (Ft - 13)

A business/industry whose focus of activities is not in the direct delivery of health care services, but rather the health of workers, health-related product development, or commercial activity outside of the healthcare system entirely.

Other (Ft - 14)

A place of employment not otherwise identified.

Area of Practice, Expertise, and Responsibility Form



PRIMARY EMPLOYMENT

Employer Address

City Province Country Postal Code

Laboratory Director.....

Please indicate your **employment status** using the key codes at right and describe any **conditions of employment**, if applicable.

ES - Full Time
 Part Time
 Employment Status
 Average weekly work hours

Conditions of Employment (if applicable).
 Do you work at more than one site? No Yes I don't know

Describe the details of your employment using the key codes at right to describe the facility type, your position, your major responsibility, and your area of expertise.

FT - Facility Type EP - Employment Position MR - Major Responsibilities AE - Area of Expertise
 No Yes
 Does your job include preceptor activities?



SECONDARY EMPLOYMENT

Employer Address

City Province Country Postal Code

Laboratory Director.....

Please indicate your **employment status** using the key codes at right and describe any **conditions of employment**, if applicable.

ES - Full Time
 Part Time
 Employment Status
 Average weekly work hours

Conditions of Employment (if applicable).
 Do you work at more than one site? No Yes I don't know

Describe the details of your employment using the key codes at right to describe the facility type, your position, your major responsibility, and your area of expertise.

FT - Facility Type EP - Employment Position MR - Major Responsibilities AE - Area of Expertise

KEY CODES

Employment Status:

- ES · 1 Employed in MLT (Permanent)
- ES · 2 Employed in MLT (Temporary)
- ES · 3 Employed in MLT (Casual)
- ES · 4 Employed in MLT, On disability leave
- ES · 5 Employed in MLT, On maternity leave
- ES · 6 Employed outside MLT
- ES · 7 Retired
- ES · 8 Self employed
- ES · 9 Not employed, seeking only in MLT
- ES · 10 Not employed, seeking only in occupations other than MLT
- ES · 11 Not employed, seeking in any occupation
- ES · 12 Not employed, Not seeking employment

Facility Type:

Cross reference these with the Definitions insert.

- FT · 1 General Hospital
- FT · 2 Residential Care Facility
- FT · 3 Physicians/Other Professional Practice Office
- FT · 4 Community Health Centre
- FT · 5 Public Health Laboratory/Department/Unit
- FT · 6 Centralized Diagnostic Laboratory Facility
- FT · 7 Free Standing Diagnostic Laboratory
- FT · 8 Specimen Collection Centre
- FT · 9 Blood Transfusion Centre
- FT · 10 Other Laboratory Facility
- FT · 11 Post Secondary Educational Institution
- FT · 12 Association/Government/Para-government
- FT · 13 Industry, Manufacturing, and Commercial
- FT · 14 Other

Employment Position:

- EP · 1 Consultant
- EP · 2 Educator
- EP · 3 Laboratory Information System Specialist
- EP · 4 Manager
- EP · 5 Researcher
- EP · 6 Sales
- EP · 7 Staff MLT
- EP · 8 Supervisor
- EP · 9 Technical Specialist
- EP · 10 Other

Major Responsibilities:

- MR · 1 Administration
- MR · 2 Diagnostic and Therapeutic Lab Services
- MR · 3 Laboratory Information Systems Management
- MR · 4 Quality Management
- MR · 5 Research
- MR · 6 Sales
- MR · 7 Teaching (Medical Lab Related)
- MR · 8 Other

Area of Expertise:

- AE · 1 Clinical Chemistry
- AE · 2 Clinical Genetics
- AE · 3 Core Lab
- AE · 4 Cytology
- AE · 5 Electron Microscopy
- AE · 6 Hematology
- AE · 7 Histology
- AE · 8 Immunology
- AE · 9 Microbiology
- AE · 10 Molecular Screening/Diagnostics
- AE · 11 Point of Care Testing (POCT)
- AE · 12 Specimen Procurement, Receipt, Dispatch
- AE · 13 Toxicology
- AE · 14 Transfusion Sciences
- AE · 15 Other
- AE · 16 Cannot identify one main area of expertise

Type of Registration Requested

Active: General Active: Limited Inactive Conditional Temporary Student

Practice Field If Limited.....

As of January 1, 2011 I am resigning from the CMLTM

Annual Fee Payment (payable to CMLTM)

NO POST-DATED PAYMENTS ARE ACCEPTED

Payment is due By November 15' 2010. A late fee of 20% will be accessed if received after November 15' 2010 but before December 31, 2010. After December 31, Registration will be in default and a \$100.00 Reinstatement of Registration Fee will be applied.

First Time Applicants: \$100.00 processing fee must be included with your annual fee and application. If the application is denied the annual fee will be returned to you.

The NSF fee is \$25.00 per occurrence.

	<u>Active</u>	<u>Active: Limited</u>	<u>Inactive</u>	<u>Conditional</u>	<u>Temporary</u>	<u>Student</u>
Registration Fees:	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$20.00

Payment amount: \$_____ Cash Interac Cheque #: _____ Money Order # _____.

Credit Card: Visa MasterCard Card #: _____ Expiry: __MM__YY

Authorization Signature: _____ Name on card: _____

Please write your CMLTM registration number on the front of your cheque or money order.

DECLARATION

1. I have not been found guilty of a criminal offence relevant to the practice of medical laboratory technology.
2. I have not had a proceeding for professional misconduct, incompetence, incapacity, or similar conduct, by a professional regulatory body inside or outside of Manitoba.
3. I have not been subject of a finding of professional misconduct, incompetence, incapacity, or a similar finding, by a professional regulatory body inside or outside of Manitoba.
4. I have not been found by a civil court to have engaged in professional negligence or malpractice.
5. Section 18 of the Medical Laboratory Technologists Regulations requires every member who provides clinical services to be covered by, and maintain, professional liability insurance coverage to a minimum level of \$2,000,000. I have professional liability insurance to this level.

If you cannot confirm all of the above statements, please provide an explanation on a separate sheet of paper and attach.

I certify the information given on this form, and on all documents sent in support of my application, is correct and complete.

Sign here: _____ **Print Name:** _____ **Date:** _____
dd / mm / yyyy

In signing this declaration, I acknowledge and understand that:

1. Providing false information to the CMLTM constitutes professional misconduct.
2. This application will not be processed if I fail to complete and sign the above declaration and the card authorization (if applicable). This will delay the issuance of my certificate of registration as the form will be returned for me to complete.
3. I agree to notify the College, in writing and within 30 days, of any changes to the information provided on this form.

In the course of carrying out its regulatory activities the CMLTM collects, uses, and discloses personal information in accordance with the Medical Laboratory Technologists Act, C.C.S.M. c. M100, the Regulations, and the By-Laws. The College promotes the privacy of personal information in a manner consistent with its regulatory role.

Applicant's Information Release

I consent to allow the release of information contained in any and all of my files at CSMLS, including a Prior Learning Assessment file, Examination files and any other relevant files, for the purpose of processing this application to CMLTM.

Signature of Applicant _____ **Date** _____