



**COLLEGE OF MEDICAL  
LABORATORY TECHNOLOGISTS  
OF MANITOBA**

Helmut Friesen, Registrar

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www.cmltm.ca

**2009 Initial Registration Form**

(This section is for CMLTM internal use only)

Date Received by CMLTM: \_\_\_\_\_

Date Fees Processed: \_\_\_\_\_

Approved Registration Type: \_\_\_\_\_

**Please print clearly in blue or black ink when completing the form.**

**General Information**

First Name: \_\_\_\_\_ **CMLTM Registration Number:** \_\_\_\_\_  
(Will be assigned by CMLTM)

Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Previous last name(s): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ Temporary Address: \_\_\_\_\_

City/Province/Country: \_\_\_\_\_ City/Province/Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: ( ) \_\_\_\_\_ Temporary Tel: ( ) \_\_\_\_\_

Work Tel: ( ) \_\_\_\_\_ Temp. Work Tel: ( ) \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Gender :  Male  Female  
dd / mm / yyyy

E-mail address: \_\_\_\_\_

**Type of Registration Requested**

Active: General     Active: Limited     Inactive     Conditional     Temporary     Student

Practice Field If Limited \_\_\_\_\_

**Annual Fee Payment (payable to CMLTM)**

**NO POST-DATED PAYMENTS ARE ACCEPTED**

**\$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.

Check **ONE** box only:     Active     Active: Limited     Inactive     Conditional     Temporary     Student

**Payment**                     \$200.00     \$200.00     \$25.00     \$200.00     \$200.00     \$10.00

Payment amount: \$ \_\_\_\_\_  Cash     Interac     Cheque #: \_\_\_\_\_

Credit Card:  Visa     MasterCard    Card #: \_\_\_\_\_    Expiry: \_\_\_\_MM\_\_\_\_YY

Authorization Signature: \_\_\_\_\_    Name on card: \_\_\_\_\_

Money Order #: \_\_\_\_\_

## Employment History

Year I began Canadian employment as a MLT: \_\_\_\_\_

The first province/territory of my Canadian employment as a medical laboratory technologist (MLT) was:

- Alberta                       British Columbia                       Manitoba                       New Brunswick                       Newfoundland and Labrador
- Northwest Territories                       Nova Scotia                       Nunavut                       Ontario                       Prince Edward Island
- Quebec                       Saskatchewan                       Yukon                       Not Applicable (Have not worked in Canada as a MLT)

## Primary Place of Employment

**My employment status in 2008 as a MLT was:** (Check **ONE** only)

- Employed in medical laboratory technology
- Employed in medical laboratory technology, on leave
- Employed outside medical laboratory technology
- Retired                       Unemployed                       Student

**My activity status in 2008 if NOT employed as a MLT is:** (Check **ONE** only)

- Seeking employment only in medical laboratory technology
- Seeking employment only in occupations other than medical laboratory technology
- Seeking employment in any occupation                       Not seeking employment                       Not applicable

***Note: Do not record hours worked while employed as a medical laboratory assistant/technician.***

**My average number of hours of practice per week as a MLT in 2008 was:** (Include all MLT employment)

- 30 hours                       35 hours                       37.5 hours                       40 hours                       Other \_\_\_\_\_

**As a MLT, at my primary place of employment, I practiced \_\_\_\_\_ hours in 2008**

**My employment status as a MLT in 2009 will be:** (Check **ONE** only)

- Employed in medical laboratory technology
- Employed in medical laboratory technology, on leave
- Employed outside medical laboratory technology
- Retired                       Unemployed                       Student

**My activity status in 2009 if NOT employed as a MLT will be:** (Check **ONE** only)

- Seeking employment only in medical laboratory technology
- Seeking employment only in occupations other than medical laboratory technology
- Seeking employment in any occupation                       Not seeking employment                       Not applicable

Work at more than one site for primary employer:                       Yes                       No

**Primary Place of Employment (continued)**

The **ONE** following title best describes my **main** role:

- |                                     |   |   |                                   |
|-------------------------------------|---|---|-----------------------------------|
| <input type="checkbox"/> Staff MLT  | <input type="checkbox"/> Technical Specialist | <input type="checkbox"/> Supervisor                         | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Manager    | <input type="checkbox"/> Sales                | <input type="checkbox"/> Lab Information Systems Specialist |                                   |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Researcher           | <input type="checkbox"/> Other: _____                       |                                   |

I provide clinical education (part-time or full-time) to MLTs and/or other **health professionals** as part of an accredited post-secondary education program.  Yes  No

The type of facility of my **primary** place of employment is: (Check **ONE** only.)

- General Hospital (range of inpatient/outpatient services)
- Centralized Diagnostic Laboratory Facility (Public or Private)
- Public Health Laboratory/Department/Unit (government-provincial or federal)
- Free-standing Diagnostic Laboratory (stand-alone laboratory)
- Specimen Collection Centre
- Blood Transfusion Centre, e.g., CBS
- Other Laboratory Facility
- Residential Care Facility (long-term care)
- Community Health Centre
- Physician's Office/Other Professional Practice Office
- Post-Secondary Educational Institution
- Association/Government/Para-governmental, e.g., advocacy, regulation, policy
- Industry/Manufacturing/Commercial
- Other: \_\_\_\_\_

**My major function is:** (Check **ONE** only)

- |  |  |
|--|--|
| <input type="checkbox"/> Diagnostic and Therapeutic Laboratory Services (bench work) | <input type="checkbox"/> Quality Management          |
| <input type="checkbox"/> Teaching, MLT Related                                       | <input type="checkbox"/> Administration (Management) |
| <input type="checkbox"/> Research  | <input type="checkbox"/> Other _____                 |

Primary: **Place** of Employment in 2008: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Laboratory Director: \_\_\_\_\_

Primary: **Name of Employer** in 2008: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

**Areas of Practice at Primary Place of Employment**

**All areas of practice:**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Administration                             | <input type="checkbox"/> Clinical Chemistry                  | <input type="checkbox"/> Clinical Genetics | <input type="checkbox"/> Diagnostic Cytology          |
| <input type="checkbox"/> Education/Teaching                         | <input type="checkbox"/> Electron Microscopy                 | <input type="checkbox"/> Hematology        | <input type="checkbox"/> Histology                    |
| <input type="checkbox"/> Immunology                                 | <input type="checkbox"/> Lab Information Systems/ Management |  | <input type="checkbox"/> Lab Safety                   |
| <input type="checkbox"/> Microbiology                               | <input type="checkbox"/> Point of Care Testing               | <input type="checkbox"/> Research          | <input type="checkbox"/> Serology                     |
| <input type="checkbox"/> Specimen Procurement, Receipt and Dispatch |  | <input type="checkbox"/> Toxicology        | <input type="checkbox"/> Transfusion Medicine/Science |
| <input type="checkbox"/> Virology                                   | <input type="checkbox"/> Other: _____                        |  |   |

**My main area of practice is:** (greatest number of hours worked) Check **ONE** only.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Administration                             | <input type="checkbox"/> Clinical Chemistry                  | <input type="checkbox"/> Clinical Genetics | <input type="checkbox"/> Diagnostic Cytology          |
| <input type="checkbox"/> Education/Teaching                         | <input type="checkbox"/> Electron Microscopy                 | <input type="checkbox"/> Hematology        | <input type="checkbox"/> Histology                    |
| <input type="checkbox"/> Immunology                                 | <input type="checkbox"/> Lab Information Systems/ Management |  | <input type="checkbox"/> Lab Safety                   |
| <input type="checkbox"/> Microbiology                               | <input type="checkbox"/> Point of Care Testing               | <input type="checkbox"/> Research          | <input type="checkbox"/> Serology                     |
| <input type="checkbox"/> Specimen Procurement, Receipt and Dispatch |  | <input type="checkbox"/> Toxicology        | <input type="checkbox"/> Transfusion Medicine/Science |
| <input type="checkbox"/> Virology                                   | <input type="checkbox"/> Other: _____                        |  |   |
| <input type="checkbox"/> Cannot identify one main area of practice  |  |  |   |

**Secondary Place of Employment (If Applicable)**

**My employment status in 2008 as a MLT is:** (Check **ONE** only)

- Employed in medical laboratory technology
- Employed in medical laboratory technology, on leave
- Employed outside medical laboratory technology
- Retired                       Unemployed                       Student

**My activity status in 2008 if NOT employed as a MLT is:** (Check **ONE** only)

- Seeking employment only in medical laboratory technology
- Seeking employment only in occupations other than medical laboratory technology
- Seeking employment in any occupation                       Not seeking employment                       Not applicable

**Note: Do not record hours worked while employed as a medical laboratory assistant/technician.**

**My average number of hours of practice per week as a MLT is:** (Include all MLT employment)

- 30 hours       35 hours       37.5 hours       40 hours       Other \_\_\_\_\_

**As a MLT, at my secondary place of employment, I practiced \_\_\_\_\_ hours in 2008**

**My employment status as a MLT in 2009 will be:** (Check **ONE** only)

- Employed in medical laboratory technology
- Employed in medical laboratory technology, on leave
- Employed outside medical laboratory technology
- Retired                       Unemployed                       Student

**My activity status in 2009 if NOT employed as a MLT will be:** (Check **ONE** only)

- Seeking employment only in medical laboratory technology
- Seeking employment only in occupations other than medical laboratory technology
- Seeking employment in any occupation                       Not seeking employment                       Not applicable

Work at more than one site for secondary employer:                       Yes     No

**The **ONE** following title best describes my **main** role:**

- Staff MLT                       Technical Specialist                       Supervisor                       Educator
- Manager                       Sales                       Lab Information Systems Specialist
- Consultant                       Researcher                       Other: \_\_\_\_\_

I provide clinical education (part-time or full-time) to MLTs and/or other **health professionals** as part of an accredited post-secondary education program.                       Yes                       No

**The type of facility of my **secondary** place of employment is:** (Check **ONE** only.)

- General Hospital (range of inpatient/outpatient services)
- Centralized Diagnostic Laboratory Facility (Public or Private)
- Public Health Laboratory/Department/Unit (government-provincial or federal)
- Free-standing Diagnostic Laboratory (stand-alone laboratory)
- Specimen Collection Centre
- Blood Transfusion Centre, e.g., CBS
- Other Laboratory Facility
- Residential Care Facility (long-term care)
- Community Health Centre
- Physician's Office/Other Professional Practice Office
- Post-Secondary Educational Institution
- Association/Government/Para-governmental, e.g., advocacy, regulation, policy
- Industry/Manufacturing/Commercial
- Other: \_\_\_\_\_

**My major function is:** (Check **ONE** only)

- Diagnostic and Therapeutic Laboratory Services (bench work)                       Quality Management
- Teaching, MLT Related                       Administration (Management)
- Research                       Other \_\_\_\_\_

Secondary: **Place** of Employment in 2008: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Laboratory Director: \_\_\_\_\_

Secondary: **Name of Employer** in 2008: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

**Areas of Practice at Secondary Place of Employment**

All areas of practice:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Administration                             | <input type="checkbox"/> Clinical Chemistry                  | <input type="checkbox"/> Clinical Genetics            | <input type="checkbox"/> Diagnostic Cytology |
| <input type="checkbox"/> Education/Teaching                         | <input type="checkbox"/> Electron Microscopy                 | <input type="checkbox"/> Hematology                   | <input type="checkbox"/> Histology           |
| <input type="checkbox"/> Immunology                                 | <input type="checkbox"/> Lab Information Systems/ Management | <input type="checkbox"/> Lab Safety                   |  |
| <input type="checkbox"/> Microbiology                               | <input type="checkbox"/> Point of Care Testing               | <input type="checkbox"/> Research                     | <input type="checkbox"/> Serology            |
| <input type="checkbox"/> Specimen Procurement, Receipt and Dispatch | <input type="checkbox"/> Toxicology                          | <input type="checkbox"/> Transfusion Medicine/Science |  |
| <input type="checkbox"/> Virology                                   | <input type="checkbox"/> Other: _____                        |   |  |

My main area of practice is: (greatest number of hours worked) Check **ONE** only.

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Administration                             | <input type="checkbox"/> Clinical Chemistry                  | <input type="checkbox"/> Clinical Genetics            | <input type="checkbox"/> Diagnostic Cytology |
| <input type="checkbox"/> Education/Teaching                         | <input type="checkbox"/> Electron Microscopy                 | <input type="checkbox"/> Hematology                   | <input type="checkbox"/> Histology           |
| <input type="checkbox"/> Immunology                                 | <input type="checkbox"/> Lab Information Systems/ Management | <input type="checkbox"/> Lab Safety                   |  |
| <input type="checkbox"/> Microbiology                               | <input type="checkbox"/> Point of Care Testing               | <input type="checkbox"/> Research                     | <input type="checkbox"/> Serology            |
| <input type="checkbox"/> Specimen Procurement, Receipt and Dispatch | <input type="checkbox"/> Toxicology                          | <input type="checkbox"/> Transfusion Medicine/Science |  |
| <input type="checkbox"/> Virology                                   | <input type="checkbox"/> Other: _____                        |   |  |
| <input type="checkbox"/> Cannot identify one main area of practice  |  |   |  |

**Canadian Society for Medical Laboratory Science (CSMLS) Certification/Credentials**

**Successfully completed a CSMLS exam:** Yes No Explanation: \_\_\_\_\_

**Please attach copy of CSMLS Certificate(s)**

	<u>Year obtained</u>
MLT General	_____
MLT Diagnostic Cytology	_____
MLT Clinical Genetics	_____
MLT Subject Subject Area: _____	_____
ART Subject Area: _____	_____
Other _____	_____

Distinguished Fellowship FCSMLS (D)  Check here. **CSMLS Registration Number:** \_\_\_\_\_

**Basic Education in Medical Laboratory Technology**

Program Completed	<u>Level of basic education:</u>	Institution	Year of Graduation	Province/Territory	Country
	<ul style="list-style-type: none"> <li>• Diploma (Di)</li> <li>• Degree/Baccalaureate (B)</li> <li>• Master's (M)</li> <li>• Doctorate (D)</li> </ul>				
CMA-Accredited Canadian Program					
Non CMA-Accredited Program					

**Other Education in Addition to Basic Education in Medical Laboratory Technology**

Field of study	<u>Level of other education:</u>	Year of Graduation	Province/Territory	Country
	<ul style="list-style-type: none"> <li>• Diploma (Di)</li> <li>• Post-secondary certificate (Psc)</li> <li>• Degree/Baccalaureate (B)</li> <li>• Master's (M)</li> <li>• Doctorate (D)</li> </ul>			
Medical laboratory Sciences				
Health Administration/ Management				
Public Administration				
Public health				
Psychology				
Health professions and Related Clinical Sciences				
Biological, Biomedical Sciences and Physical Sciences				
Mathematics, Computer and Information Sciences				
Social Sciences, Arts and Humanities				
Education				
Law				
Business, Management, Marketing and Related.				
Other field of study				

**Bridging/Re-Entry Education**

Have you taken a bridging program?    Yes    No                      Have you taken a re-entry to practice program?    Yes    No

If **yes**, please complete the following chart.

Specialty Area	<b>Bridging Education/ Re-Entry Education:</b>	<b>Year of completion</b>	<b>Canadian Province/ Territory</b>
	e.g., College Name/Course Name		
General			
Clinical Genetics			
Diagnostic Cytology			
Clinical Chemistry			
Hematology			
Microbiology			
Transfusion Medicine/Science			
Other			

**Proposed Temporary Employment (If Applicable)**

Proposed Period of Temporary Employment: \_\_\_\_\_

Proposed **Place** of Temporary Employment in 2008: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: ( \_\_\_\_\_ ) \_\_\_\_\_                      Laboratory Director: \_\_\_\_\_

Proposed **Name of Temporary Employer** in 2008: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

**Areas of Practice at Temporary Place of Employment:**

**All areas of practice:**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Administration                             | <input type="checkbox"/> Clinical Chemistry                  | <input type="checkbox"/> Clinical Genetics            | <input type="checkbox"/> Diagnostic Cytology |
| <input type="checkbox"/> Education/Teaching                         | <input type="checkbox"/> Electron Microscopy                 | <input type="checkbox"/> Hematology                   | <input type="checkbox"/> Histology           |
| <input type="checkbox"/> Immunology                                 | <input type="checkbox"/> Lab Information Systems/ Management | <input type="checkbox"/> Lab Safety                   |  |
| <input type="checkbox"/> Microbiology                               | <input type="checkbox"/> Point of Care Testing               | <input type="checkbox"/> Research                     | <input type="checkbox"/> Serology            |
| <input type="checkbox"/> Specimen Procurement, Receipt and Dispatch | <input type="checkbox"/> Toxicology                          | <input type="checkbox"/> Transfusion Medicine/Science |  |
| <input type="checkbox"/> Virology                                   | <input type="checkbox"/> Other: _____                        |   |  |

**My main area of practice is:** (greatest number of hours worked) Check **ONE** only.    Cannot identify one main area of practice

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Administration                             | <input type="checkbox"/> Clinical Chemistry                  | <input type="checkbox"/> Clinical Genetics            | <input type="checkbox"/> Diagnostic Cytology |
| <input type="checkbox"/> Education/Teaching                         | <input type="checkbox"/> Electron Microscopy                 | <input type="checkbox"/> Hematology                   | <input type="checkbox"/> Histology           |
| <input type="checkbox"/> Immunology                                 | <input type="checkbox"/> Lab Information Systems/ Management | <input type="checkbox"/> Lab Safety                   |  |
| <input type="checkbox"/> Microbiology                               | <input type="checkbox"/> Point of Care Testing               | <input type="checkbox"/> Research                     | <input type="checkbox"/> Serology            |
| <input type="checkbox"/> Specimen Procurement, Receipt and Dispatch | <input type="checkbox"/> Toxicology                          | <input type="checkbox"/> Transfusion Medicine/Science |  |
| <input type="checkbox"/> Virology                                   | <input type="checkbox"/> Other: _____                        |   |  |

### Past/Present Conduct Declaration

1. I have not been found guilty of a criminal offence or an 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 Manitoba.
3. I have not been the subject of a finding of professional misconduct, incompetence or incapacity, or a similar finding, by a professional regulatory body inside or outside 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 must be covered by and maintain liability insurance coverage to a minimum of \$2,000,000. I have public 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 submit it with this form.

### General Declaration

I certify the information given on this form and on all documents sent in support of my application are correct and complete. This declaration specifically includes the information provided in the box entitled "Past/Present Conduct Declaration".

Sign here: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
dd / mm / yyyy

In signing the above declaration, I acknowledge and understand that:

1. Providing false information to the CMLTM constitutes professional misconduct.
2. This form will not be processed if I fail to complete and sign the above declaration and the credit card authorization (if applicable). This will delay the issuance of my certificate of registration for 2009 as the form will be returned to me for completion.
3. I agree to notify the College, in writing and within 30 days, of any change(s) to the information on this form.

**Please submit the ORIGINAL Form to CMLTM – Email/Faxes will not be accepted**

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, 2002; the Regulations, and By-Laws. The College promotes the privacy of personal information in a manner consistent with its regulatory role.