



# College of Medical Laboratory Technologists of Manitoba Registration Application

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

All applicable sections must be completed, and only original copies of this form will be accepted. Please complete, print, and sign this form and mail it to the CMLTM office; 245 Lilac Street, Winnipeg, MB, R3M 2S2.

## Personal Information

First Name	Last Name	Middle Initials	Previous Last Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone (555-555-5555)	Work Phone (555-555-5555)	Email Address (personal)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (mm/dd/yyyy)	Gender	CMLTM #	CSMLS #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Employment History

Initial Province of MLT Employment	Initial Year of MLT Employment
<input type="text"/>	<input type="text"/>

**With the exception of new graduates, MLT applicants are required to have a minimum of 1200 MLT practice hours in the previous 5 years.**

Employer (Include Practice year)	Practice Area 1	Practice Area 2	Practice Area 3	Practice Hours
<input type="text"/>				<input type="text"/>
Employer (Include Practice Year)	Practice Area 1	Practice Area 2	Practice Area 2	Practice Hours
<input type="text"/>				<input type="text"/>
Employer (Include Practice Year)	Practice Area 1	Practice Area 2	Practice Area 3	Practice Hours
<input type="text"/>				<input type="text"/>
Employer (include Practice Year)	Practice Area 1	Practice Area 2	Practice Area 3	Practice Hours
<input type="text"/>				<input type="text"/>

## For CMLTM Office use Only:

New Registration <input type="checkbox"/>	Payment <input type="checkbox"/>	Letter of Standing <input type="checkbox"/>
Date received <input type="text"/>	PLA <input type="checkbox"/>	Criminal Record <input type="checkbox"/>
Registration Type <input type="text"/>	ID <input type="checkbox"/>	Adult abuse Registry <input type="checkbox"/>
Effective Date <input type="text"/>	CSMLS Exam <input type="checkbox"/>	Child Abuse Registry <input type="checkbox"/>
Expiry Date <input type="text"/>	Transcripts <input type="checkbox"/>	Language Requirement <input type="checkbox"/>

## Education History

Please enter the specifics of your **Basic MLT Education**.

Graduation Year	Granting Institution	Degree/Diploma	Province	Country
<input type="text"/>	<input type="text"/>			<input type="text"/>

Please specify any other degrees or diplomas achieved (Maximum of 3).

Graduation Year	Granting Institution
<input type="text"/>	<input type="text"/>

Province	Country	Major	Degree/Diploma
	<input type="text"/>		

Graduation Year	Granting Institution
<input type="text"/>	<input type="text"/>

Province	Country	Major	Degree/Diploma
	<input type="text"/>		

Graduation Year	Granting Institution
<input type="text"/>	<input type="text"/>

Province	Country	Major	Degree/Diploma
	<input type="text"/>		

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

Bridging       Re-entry Education       Not applicable

Graduation Year	Province	Country
<input type="text"/>		<input type="text"/>

## Certification History

Have you successfully completed a CMLTM Council approved exam (CSMLS MLT Certification Exam? (Include copies of relevant exam results, certificates, degrees and transcripts)

Yes       Year       Please include a copy of your CSMLS Certificate

No       Reason

**PLEASE NOTE:** Applicants who have not written the CSMLS MLT Certification Exam must include CSMLS documentation authorizing writing the exam. If such is provided CMLTM will consider granting a Conditional registration on a temporary basis.

Please provide MLT certification information

Year Achieved	Level	Area of Certification
<input type="text"/>		

Year Achieved	Level	Area of Certification
<input type="text"/>		

Year Achieved	Level	Area of Certification
<input type="text"/>		

I am Interested in serving on:      CMLTM Council       Committees/Working Groups

## Area of Practice, Expertise and Responsibility

### Primary Employment

Employer (Include location of practice)

Address

City

Province

Country

Postal Code

Employment Status

Full Time

Part Time

Average **Weekly** Hours Worked

Conditions of Employment (If Applicable)

Do you work in more than one site?

Yes

No

I don't know

Describe the details of your employment; describe your Facility type, position, major responsibilities and your main areas of practice (**check all that apply**).

Facility Type

Employment Position

Major Responsibilities

#### Areas of Practice (**Check all that apply**)

Chemistry <input type="checkbox"/>	Clinical Genetics <input type="checkbox"/>	Cytology <input type="checkbox"/>	EM <input type="checkbox"/>	Transfusion Sciences <input type="checkbox"/>
Hematology <input type="checkbox"/>	Histology <input type="checkbox"/>	Immunology <input type="checkbox"/>	Microbiology <input type="checkbox"/>	Other <input type="checkbox"/>
Molecular Screening/Diagnostics <input type="checkbox"/>	Point of Care Testing (POCT) <input type="checkbox"/>	Specimen Procurement, Receipt, Dispatch <input type="checkbox"/>	Toxicology <input type="checkbox"/>	

Does your job include preceptor activities (Teaching students)

Yes

No

### Secondary Employment (if applicable)

Employer (Including location of practice)

Address

City

Province

Country

Postal Code

Employment Status

Full Time

Part Time

Average **Weekly** Hours Worked

Conditions of Employment (If applicable)

Do you work in more than one site?

Yes

No

I don't know

Describe the details of your employment; describe your Facility type, position, major responsibilities and your main areas of practice (**check all that apply**).

Facility Type

Employment Position

Major Responsibilities

#### Areas of Practice (**Check all that apply**)

Chemistry <input type="checkbox"/>	Clinical Genetics <input type="checkbox"/>	Cytology <input type="checkbox"/>	EM <input type="checkbox"/>	Transfusion Sciences <input type="checkbox"/>
Hematology <input type="checkbox"/>	Histology <input type="checkbox"/>	Immunology <input type="checkbox"/>	Microbiology <input type="checkbox"/>	Other <input type="checkbox"/>
Molecular Screening/Diagnostics <input type="checkbox"/>	Point of Care Testing (POCT) <input type="checkbox"/>	Specimen Procurement, Receipt, Dispatch <input type="checkbox"/>		

Does your job include preceptor activities (Teaching students)

Yes

No

## Language Requirements

CMLTM has a new language proficiency requirement for registration. Please review policy BOA-17 and provide evidence of meeting the language requirement as part of your application.

**Note: Approval of your application will be delayed until your language proficiency can be verified. Please contact the CMLTM office if you have questions on this requirement.**

## Indigenous Self-declaration

CMLTM has made a commitment to the [Truth and Reconciliation Commissions Calls to Action](#) that apply to regulatory bodies.

Action 23i calls to “*Increase the number of Aboriginal professionals working in health fields*”

We are asking all registrants to voluntarily self-identify if they are of Indigenous ancestry. The results will inform our next steps in ensuring our work towards Action 23i.

The information provided is confidential and will only be used to determine population representation within the MLT profession.

Are you a person of Indigenous ancestry (this includes First Nations, Inuit, and Metis peoples)?

- Yes
- No

## Type of Registration Requested

Active  
Practicing  
(\$593.32)

Conditional  
(\$593.32)

Inactive-  
Retired (\$50)

Student (\$20)

Temporary (\$312.18)

Inactive (\$312.18)

Area of Practice

**NO POST-DATED PAYMENTS ACCEPTED. Fees payable to CMLTM.**

**A \$45 NSF fee will be applied for returned cheques.**

**First time applicants are subject to a \$100 application fee (must be included with application).** If application is denied the annual fee will be returned.

Payment Amount	Payment Method	Cash	Cheque	Money Order	Visa	MasterCard	Interact
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card #	<input type="text"/>	Expiry Date (mm/yy)	<input type="text"/>	CVV	<input type="text"/>		
Name on Credit card	<input type="text"/>	Signature	<input type="text"/>				

**Important: Complete and sign the Declaration and Disclosure of Information, and Applicant's Information Release on following page. Failure to do so will delay the registration process. Applications will not be processed unless both have been signed by the applicant.**

## Declaration and Disclosure of Information

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you been convicted or found guilty of an offence in any jurisdiction in Canada under the <i>Criminal Code</i> (Canada), the <i>Controlled Drugs and Substances Act</i> (Canada) (formerly the <i>Narcotics Control Act</i> (Canada)) or the <i>Food and Drugs Act</i> (Canada)?                                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Have you been convicted or found guilty of an offence under a criminal or penal statute of a jurisdiction outside of Canada?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Are criminal charges pending or outstanding against you, whether in Manitoba or in any other jurisdiction within Canada or outside Canada?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Have you been the subject of a finding of by any regulatory body for professional misconduct, conduct unbecoming, incompetence, an incapacity, or lack of fitness to practice, or any similar finding, whether in Manitoba or in any other jurisdiction within Canada or outside Canada?                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Are you the subject of any current proceeding by a professional regulatory body in relation to professional misconduct, conduct unbecoming, incompetence, an incapacity or lack of fitness to practice, or any similar proceeding, whether in Manitoba or in any other jurisdiction within Canada or outside Canada? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Have you been denied registration by a professional regulatory body, whether in Manitoba or in any other jurisdiction within Canada or outside Canada?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Have you been terminated from employment relating to incompetence, an incapacity or lack of fitness to practice, or any similar reason, whether in Manitoba or in any other jurisdiction within Canada or outside Canada?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Have you obtained, or are you covered by, liability insurance coverage to a minimum of \$2,000,000 in accordance with section 18 of the <i>Medical Laboratory Technologists Regulation</i> ?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Are you listed on any child abuse registry or adult abuse registry, whether in Manitoba or in any other jurisdiction within Canada or outside Canada?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**If you answer yes to any of the above questions, please provide written details and particulars on a separate sheet and attach.**

**I certify and solemnly declare that the contents of this Registration Application, including the Declaration and Disclosure of Information and all documents support of this Registration Application, are true, correct, and complete.**

Print Name

Signature (Print form to sign)

Date (mm/dd/yyyy)

**Warning: I understand and agree that any false or misleading statement in the Registration Application, including within the Declaration and Disclosure of Information, may constitute professional misconduct and may result in disciplinary action by the CMLTM.**

### Applicant's Information Release

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

Print Name

Signature (Print form to sign)

Date (mm/dd/yyyy)

**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. CMLTM promotes the privacy of personal information in a manner consistent with its regulatory role.**

## Required Documents for Registration

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1. Completed CMLTM Application form (signed declaration and information release)
2. CSMLS MLT Certification (Exam results and/or Certificate, for Active registration)
3. Letter of Standing from all previously registered Canadian MLT Colleges in the previous 5 years (Applies to AIT applicants)
4. Copy of MLT training transcripts
5. CSMLS letter of eligibility to write the CSMLS exam or entrance to exam letter (applies for Conditional applications)
6. Official copy of CSMLS Prior learning Assessment (Applies to Internationally Educated applicants)
7. Canadian government issued photo identification (driver's license, Canadian passport, or permanent resident card)
8. Criminal Record Check (with Vulnerable Sector Check)
9. Child Abuse Registry Check
10. Adult Abuse Registry Check
11. Evidence of English language proficiency (if applicable)
12. Applicable fees

**Mail the completed form and all of the required supporting documents to the CMLTM office:**

CMLTM  
245 Lilac Street  
Winnipeg, MB  
R3M 2S2

Contact the CMLTM office if you have any questions.

Phone: 204-231-0311  
Toll Free: 877-331-0311  
Fax: 204-489-7300  
Email: [adam@cmltm.ca](mailto:adam@cmltm.ca), or [janelle@cmltm.ca](mailto:janelle@cmltm.ca)