



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. Please complete, print, and sign this form and mail or email it to the CMLTM office; 245 Lilac Street, Winnipeg, MB, R3M 2S2, registrar@cmltm.ca, or janelle@cmltm.ca.

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 #	CAMLPR / 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"/>

Except for new graduates and students, applicants are required to have a minimum of 1200 MLT practice hours in the previous 5 years. Labour mobility applicants will not be asked to provide practice hours for initial application.

Employer (2025 Practice Year)	Practice Area 1	Practice Area 2	Practice Area 3	Practice Hours
<input type="text"/>				<input type="text"/>
Employer (2024 Practice Year)	Practice Area 1	Practice Area 2	Practice Area 2	Practice Hours
<input type="text"/>				<input type="text"/>
Employer (2023 Practice Year)	Practice Area 1	Practice Area 2	Practice Area 3	Practice Hours
<input type="text"/>				<input type="text"/>
Employer (2022 Practice Year)	Practice Area 1	Practice Area 2	Practice Area 3	Practice Hours
<input type="text"/>				<input type="text"/>

For CMLTM Office use Only:

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

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"/>	<input type="text"/>

Examination Information

Have you successfully completed a CMLTM Council approved exam (CSMLS MLT Exam)? Include copies of relevant exam results, certificates, degrees and transcripts. Not required for labour mobility applicants.

☐ Yes Year Please include a copy of your Exam results (not required for labour mobility applicants)

☐ No Reason

PLEASE NOTE: Conditional applicants must be approved by CMLTM to write the Exam.

Please provide MLT exam information

Year Achieved Area of practice

Year Achieved Area of practice

Year Achieved Area of practice

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 at more than one site? ☐ Yes ☐ No ☐ Don't Know

Facility Type

Employment Position

Major Responsibilities

Areas of Practice (Check all that apply)

☐ Chemistry

☐ Clinical Genetics

☐ Cytology

☐ EM

☐ Transfusion Sciences

☐ Hematology

☐ Histology

☐ Immunology

☐ Microbiology

☐ Other

☐ Molecular Screening/Diagnostics

☐ Point of Care Testing (POCT)

☐ Specimen Procurement,
Receipt, Dispatch

☐ Toxicology

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

☐ Clinical Genetics

☐ Cytology

☐ EM

☐ Transfusion Sciences

☐ Hematology

☐ Histology

☐ Immunology

☐ Microbiology

☐ Other

☐ Molecular Screening/Diagnostics

☐ Point of Care Testing (POCT)

☐ Specimen Procurement,
Receipt, Dispatch

☐ Toxicology

Does your job include preceptor activities (Teaching students) ☐ Yes ☐ No

Language Requirements

Please review CMLTM 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.

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 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 ☐ Unsure ☐ Prefer Not To Say

Type of Registration Requested

☐ Active Practicing (\$541.68) ☐ Conditional (\$541.68) ☐ Student (\$20) ☐ Temporary (\$232.99)

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 ☐ Money Order ☐ MasterCard
☐ Cheque ☐ Interact ☐ Visa

Card #

Expiry Date
(mm/yy)

CVV

Is the billing address the same as your mailing address? ☐ Yes

☐ No*

*If "no", please provide
billing postal code

Name on
Credit card

Signature

Important: Complete and sign the Declaration and Disclosure of Information, and Applicant's Information Release on the 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 Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada) (formerly the Narcotics Control Act (Canada)) or the Food and Drugs Act (Canada)?

☐ Yes ☐ No

2. Have you been convicted or found guilty of an offence under a criminal or penal statute of a jurisdiction outside of Canada?

☐ Yes ☐ No

3. Are criminal charges pending or outstanding against you, whether in Manitoba or in any other jurisdiction within Canada or outside Canada?

☐ Yes ☐ No

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 ☐ No

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 ☐ No

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 ☐ No

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 ☐ No

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 Medical Laboratory Technologists Regulation?

☐ Yes ☐ No

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 ☐ No

If you answer yes to any of the above questions, please provide written 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

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 CAMLPR including Prior Learning Assessment files, Examination files, and all relevant files for the purpose of processing this application to CMLTM or any other investigations related to my registration with CMLTM.

Print Name

Signature

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

1. Completed CMLTM Application form (signed declaration and information release)
2. CSMLS or CAMLPR MLT Exam results (Active registration, not required for labour mobility applicants)
3. Letter of Standing from all previously registered Canadian MLT Colleges in the previous 5 years (Labour mobility applicants only)
4. Copy of MLT education transcripts (not required for labour mobility applicants)
5. CMLTM approval to write CSMLS or CAMLPR MLT exam (Conditional applicants)
6. Official copy of CAMLPR or CSMLS Prior learning Assessment (Internationally Educated applicants)
7. Evidence of professional liability insurance (PLI)
8. Canadian government issued photo identification (driver's license, Canadian passport, or permanent resident card)
9. Criminal Record Check (with Vulnerable Sector Check)
10. Child Abuse Registry Check
11. Adult Abuse Registry Check
12. Evidence of English language proficiency (if applicable)
13. Applicable fees
14. Completion of CMLTM Jurisprudence e-Learning Modules (access instructions to be provided once application has been submitted)

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: registrar@cmltm.ca, or janelle@cmltm.ca