



COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF MANITOBA

245 Lilac Street
Winnipeg, MB R3M 2S2
www.cmltm.ca

Phone: 204-231-0311
Fax: 204-489-7300
Toll Free: 877-331-0311
E-mail: cmltm@cmltm.ca

English Language Proficiency Employer Attestation Form

Instructions for the Applicant

Please follow these steps to have this form forwarded to the College of Medical Laboratory Technologists of Manitoba (CMLTM):

- Complete section A (applicant section) of this form in its entirety. Do NOT complete any portion of Section B (employer section), as this will invalidate the form.
- Submit this form (including this instructions page) to the employer where you gained Medical Laboratory Technologists professional work experience in a majority English country in a similar role or scope of practice as your application to the College of Medical Laboratory Technologists of Manitoba.

IMPORTANT: To meet the requirements for a waiver under the [CMLTM Language Proficiency Policy](#), the program must have taken place in a majority English country where it is the primary official and common language.

Instructions for the Employer

A former employee of your organization/business has applied to the College of Medical Laboratory Technologists of Manitoba (CMLTM) for registration and licensure as a Medical Laboratory Technologists professional (MLT) in Manitoba, Canada.

To grant them a waiver from [CMLTM's Language Proficiency Policy \(BOA-17\)](#), CMLTM requires confirmation directly from you as an employer, attesting to their English language proficiency.

Once completed, please sign, date and email this form directly to the College of Medical Laboratory Technologists of Manitoba (CMLTM) to: cmltm@cmltm.ca, OR you can mail it directly in a sealed envelope to the following address:

College of Medical Laboratory Technologists of Manitoba
245 Lilac Street
Winnipeg, Manitoba
R3M 2S2

IMPORTANT: CMLTM will only accept this form if it is submitted directly by the employer. Forms sent via personal email accounts (e.g., yahoo.com, hotmail.com) will not be accepted. The email must be sent from an official business or organization email address (e.g., employer@businessname.com, employer@organizationname.org) to verify authenticity.



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Section A: Applicant to Complete this Section

First Name:	Last Name:
Middle Name:	Previous Name(s) (if applicable):
Date of Birth (MM/DD/YYYY):	E-mail Address:
Employer Name:	Job title:
Dates of employment (From MM/YYYY to MM/YYYY):	
I authorize the release of the requested information below directly to the College of Medical Laboratory Technologists of Manitoba (CMLTM).	
Applicant's Signature:	Date:

Section B: Employer To Complete This Section

(If any information in this section is completed by the applicant the form is considered invalid)

Employee's full name:	Date of Birth Recorded (MM/DD/YYYY):
Business Name:	Business Address:
Employee's Job title:	Dates of Employment (From MM/YYYY to MM/YYYY):



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Section B: Institution to Complete this Section

(If any information in this section is completed by the applicant the form is considered invalid)

By initialing below, you confirm the following:

	That you are proficient in the English language.
	That you are authorized to complete this form on behalf of the applicant's employer.
	That the information provided accurately reflects the official employer records regarding this applicant and is complete and correct.

Additionally, by initialing below, you are attesting to the following:

	That the primary language of written and spoken business in the workplace was English.
	That the applicant effectively communicated and comprehended both orally and in writing in English.
	The applicant provided direct patient care and collaborated with other healthcare professionals in English.
	That the applicant's role as a Medical Laboratory Technologist required regular communication with staff, patients, and other healthcare professionals in English.
	The laboratory's official communications with the laboratory regulatory body were in English.

This form was completed by:

Name of Employer or Representative Completing Form:	Title of Employer or Representative Completing Form:
Direct E-mail address:	Business/Organization Address:

Business/Organization Website Address:

Employer's Signature: _____ Date: _____ (please place official employer seal here if applicable)

Please return this Completed, signed, and dated form directly to the College of Medical Laboratory Technologists of Manitoba (CMLTM) via email to: cmltm@cmltm.ca or mail it directly in a sealed envelope to the following address:

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