



**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

**CONTINUING Competency Program CE Credit Assessment Application**

*Prior to completing this form, please ensure that the activity you would like assessed is not already on the **Approved and Not Approved CE Activities List** available in the [Resource Library](#) of the CMLTM website.*

This form is to be used to submit an application to have an activity or course considered for acceptance as a valid Continuing Competency Program activity for the following categories:

- Category 2 - Non-Formal Documented
- Category 3 - Non-Documented
- Category 4 - Professional Activities
- Category 5 - Non-Related Activities

Courses or activities to be considered for *Category 1 – Formal Documented* must be submitted to CSMLS for assessment.

A *Credit Assessment Application* submitted with a portfolio will not be evaluated at the time of audit. A *Credit Assessment Application* must be submitted and approved by the Continuing Competency Committee prior to the audit submission deadline for credit to be given. Approved Activities will be added to the next revision of the *Approved and Not Approved CE Activities List*.

Please complete all sections of this form and submit to the CMLTM office by mail, fax, or [e-mail](#).

**Section A – Course or Activity Information**

Activity/Course name: \_\_\_\_\_

Activity/Course provider: \_\_\_\_\_

Date of Activity/Course: \_\_\_\_\_

Recurrence of Activity/Course:

None Weekly Monthly Annually

Other: \_\_\_\_\_

Activity/Course takes place on (*select all that apply*):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Daytime Evening Other: \_\_\_\_\_

Description of Activity/Course:

CMLTM Office Use:  
Application # \_\_\_\_\_



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Participation in event is by:

- Employer selection
- Open to all on registration or application
- Open to all, no registration or application required
- Other: \_\_\_\_\_

Is this Activity/Course a requirement of employment? Yes No

How was this Activity/Course advertised? \_\_\_\_\_

Number of hours being requested for CE consideration: \_\_\_\_\_

Describe where the Activity/Course takes place and how it is delivered:  
(e.g. lecture, teleconference, readings, etc)

Does this Activity/Course relate to your workplace operations? Yes No

If 'Yes', describe how:

Describe how this Activity/Course relates to the medical laboratory profession:

Describe the enrollment criteria and selection process:

Does this Activity/Course have any assignments or projects that must be completed during work hours? Yes No

If 'Yes', describe how:

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Select which CE Category you are requesting the Activity/Course be categorized as:

- Category 2 – Non-Formal Documented\*
- Category 3 – Non-Documented
- Category 4 – Professional Activity\*\*
- Category 5 – Non-Related

\* You must submit a copy of the documentation provided to successful participants for applications to *Category 2 – Non-Formal Documented*.

\*\* For applications to *Category 3 – Professional Activity*, please describe if the hours are split between preparation for the Activity/Course (if applicable) and who the hours are for (e.g. presentation took 5 hours to prepare and 1 hour to deliver to a group of med lab students):

**Section B – Applicant Information**

Name: \_\_\_\_\_

CMLTM Number: \_\_\_\_\_

Employer/Organization: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

CMLTM Office Use:  
Application # \_\_\_\_\_