



**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

**REQUEST AND CONSENT FOR
LETTER OF STANDING**

SECTION A – Registrant Requesting the Letter of Standing

I, _____ (CMLTM # _____)
hereby request that information related to my registration as a Medical Laboratory Technologist be
disclosed pursuant to this Request and Consent.

SECTION B – Organization to Receive the Letter of Standing

Recipient (name and title if known): _____
Organization Name: _____
Organization Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ Email: _____

SECTION C – Information that will be Disclosed in the Letter of Standing

I understand and agree that the information disclosed in the Letter of Standing may contain personal information about me as defined in the *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c. 5 (“PIPEDA”).

I understand and agree that in addition to personal information about me, the information disclosed in the Letter of Standing may contain the following:

- Information related to my registration, including registration number, status, year of first registration, year of expiry, date of resignation, etc.;
- Specializations, if any;
- My qualifications and credentials;
- My self-reported MLT Practice hours for the last five (5) years, if collected;
- Any fees currently owed by me to the regulator;
- Whether I am in compliance with the regulator’s professional liability insurance requirements;
- My registration history with other regulators, if known;
- The details of any current or past restrictions, terms, limitations, conditions, or interim orders on my license;
- The details of, and reasons for, any current or past suspensions or revocations, (including for non-payment of fees);



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- Whether I am in compliance with the Continuing Competency Program;
- Details of any current or past acknowledgements and undertakings I have entered into;
- Whether I am currently being investigated by any regulatory body;
- The details of any current complaints, investigations, or proceedings alleging professional misconduct, incompetence, or incapacity against me;
- The details of any past disciplinary or fitness to practice findings made against me, including penalties ordered;
- The details of any existing charges against me and any restrictions (such as bail conditions), in relation to any offence;
- The details of any findings of guilty against me in relation to any offence; and
- Any other information about my conduct, competence, or capacity that in the opinion of the Registrar is relevant to my suitability to be registered as a Medical Laboratory Technologist.

SECTION D – Consent to Release Information

I, _____, declare that I have read **Section C – Information that will be Disclosed in the Letter of Standing** and I hereby consent to the disclosure of such information. I acknowledge that the College of Medical Laboratory Technologists of Manitoba has advised me that I have the right to obtain legal advice prior to executing this consent, and that I have either done so or have had sufficient opportunity to do so prior to executing this Request and Consent for Letter of Standing. I am signing this document of my own free will, voluntarily and without coercion, having read and understood it.

_____ (Registrant Signature) _____ (Date)

SECTION E – Payment Information

There is a \$25.00 fee for a Letter of Standing. Payment can be made by filling out the following fields or by calling 204-231-0311 (extension 0) after the form has been submitted to janelle@cmltm.ca.

Credit Card #: _____ Visa Mastercard
Expiry Date: _____ CVV: _____ Postal Code: _____