



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

STUDENT APPLICATION FORM

Please read the following information carefully before completing this form.

1. Required Documents

To ensure your application is processed without delay, please submit the following documents:

- Completed application form
- A copy of a valid government issued photo ID (front and back)
- Criminal Record Check with Vulnerable Sector Check
- Child Abuse Registry Check
- Adult Abuse Registry Check
- Payment (\$20.00)

2. Processing Timeline

- Applications are generally processed within 1-2 business days from the date of submission.
- If additional information is required, or the application form has been filled out incorrectly, processing may take longer.
- Applicants will be sent a confirmation email with a PDF approval letter and log-in credentials for the CMLTM Member Site once processing is complete.

3. Additional Information

There are four (4) Jurisprudence eLearning Modules that must be completed as part of registration with the CMLTM. Instructions on how to access the modules will be included with your confirmation email. ***The modules must be completed before you can begin your Clinicals.***

- Jurisprudence – Regulated Health Professions Act (RHPA) 101
- Pause Before You Post: Social Media Awareness
- Health Equity and Cultural Humility
- Introduction to Indigenous Inclusion and Cultural Safety

Please ensure that you have scrolled to the very bottom of the final slide for the program to mark your module as complete.

The minimum passing score is 60%. Please inform janelle@cmltm.ca when you have completed the modules. Results are checked **manually** by the CMLTM Staff **before** completion credits are assigned. You will be notified if you do not pass and the module will be reset for you to complete it again.

A certificate of completion is issued at the end of each module regardless of whether you have passed or not. Disregard the certificate, it is not required.

Leadership, Integrity, Accountability



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Please complete and sign all sections of this form, and return to the CMLTM office at
registrar@cmltm.ca or janelle@cmltm.ca

PERSONAL INFORMATION

First Name

Last Name

Middle Initials

Previous Last Name (if applicable)

Gender

Date of Birth (mm/dd/yyyy)

Home Address

City

Province

Postal Code

Home/Cell Phone (555-555-5555)

Personal Email Address

FOR CMLTM OFFICE USE ONLY

Date Received

Effective Date

Expiry Date

Requirements

- Payment
- Government Issued Photo ID
- Criminal Record Check (with Vulnerable Sector Check)
- Child Abuse Registry Check
- Adult Abuse Registry Check
- English Language Proficiency (BOA-17)

CMLTM Number



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EDUCATION HISTORY

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

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

Please specify any other degrees or diplomas achieved

Grad. Year	Granting Institution	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Grad. Year	Granting Institution	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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 to ensuring our work towards Action 23i.

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

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

- Yes
 No
 Unsure
 Prefer Not To Say



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PAYMENT INFORMATION

Student registration fee: **\$20.00**

Field of Practice: General Clinical Genetics
 Clinical Cytology

Payment Method

Cash Cheque Visa MasterCard

Card Number

Expiry Date (mm/yy)

CVV

Is the billing address the same as your mailing address?

Yes No*

Name on Credit Card

*If 'no', please provide billing postal code:

Signature

APPLICANT'S INFORMATION RELEASE

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.

I, the applicant, consent to allow the release of information contained in any and all of my files at the Canadian Alliance of Medical Laboratory Professionals' Regulators (CAMPLR), 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 the CMLTM.

Print Name

Date (mm/dd/yyyy)

Signature



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DECLARATION AND DISCLOSURE OF INFORMATION

Complete and sign the Declaration and Disclosure of Information. Failure to do so will delay the registration process. Applications will not be processed unless all fields of the application form have been appropriately completed.

If you answer yes to any of the below questions), please provide written particulars on a separated sheet and attach to your application form.

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. 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

Print Name

Date (mm/dd/yyyy)

Signature