

Verification of Medical Laboratory Technologist (MLT) Practice Hours

To provide evidence of competence in MLT professional practice, as per Section 12 of the *Medical Laboratory Technologists Profession Regulation*, each Regulated Member must have been employed for at least 900 MLT hours in the practice of medical laboratory technology in the four years immediately preceding the date of application for registration or renewal. MLTs are required to declare these practice hours during their annual renewal application and provide verification with their Continuing Competence Program (CCP) Compliance Audit submission. For clarification, MLT practice hours refer to all hours worked in accordance with an individual's formal MLT job description, but do not include vacation, sick time, leave of absence, or any other paid/unpaid non-practice hours.

Pursuant to Schedule 11 of the *Health Professions Act*:

In their practice, medical laboratory technologists do one or more of the following:

- a) *Collect and analyze biological samples, perform quality control procedures and communicate results that have been critically evaluated to ensure accuracy and reliability;*
- b) *Teach, manage and conduct research in the science and techniques of medical laboratory technology; and*
- c) *Provide restricted activities authorized by the regulations.*

Please have your employer (laboratory supervisor or human resource representative) verify your MLT employment by completing the following:

_____ **CMLTA #** _____
(first and last name of employee)

- has completed a minimum of 900 MLT practice hours in 2016, or
- has not* completed a minimum of 900 MLT practice hours in 2016

*If the employee referred to above; (i) did not work a minimum of 900 MLT practice hours in 2016; (ii) is required to provide evidence of MLT practice hours as a condition on their MLT Practice Permit; or (iii) is requesting changes to MLT hours previously recorded, please state the actual number of MLT practice hours for each of the applicable following years:

2016: _____ 2015: _____ 2014: _____ 2013: _____

In the position of: _____ in the: _____
(Job title) *(Department)*

at _____
(place of employment) *(employment address, city)*

_____, _____
(printed name of verifier) *(verifier's position)*

(signature of verifier) *(phone number of verifier)* *(date)*

An alternate record is acceptable provided it contains all relevant information and is verified by your employer.