

Policy Section: Operational - Program	Policy Number: <b>OPR-1.2</b>
Policy: <b>Substantial Equivalency Route to Medical Laboratory Technologist (MLT) Registration</b>	Date Approved: <b>November 27, 2004</b>
	Last Date Reviewed: <b>March 10, 2018</b>
	Last Date Revised: <b>March 10, 2018</b>
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The Substantial Equivalence route to Regulated Member registration, as authorized under the *Health Professions Act* [Section 28 (2)(c)], is to be applied in unique circumstances on a case by case basis where:

- Mandatory registration (Section 46) may apply,
- An employer endorses the hiring of the individual who is in possession of a unique set of training, experience, skills and abilities for a specific position, and
- Current MLT certification qualifications do not meet or fulfill the requirements of the position.

#### **Parameters:**

1. Applicants for MLT registration under the Substantial Equivalence process must:
  - a) Possess a minimum BSc post-secondary degree from a Canadian university with appropriate specialization directly related to the area of employment;
  - b) Submit documented proof of Canadian degree;
  - c) Not qualify for any other MLT assessment or prior learning process intended to lead to Canadian Society for Medical Laboratory Science (CSMLS) Certification;
  - d) Have a minimum two (2) years post graduate experience that develops a specific skill set related to the current position.
  - e) Submit detailed course descriptions and outlines of degree program, specifically:
    - i. Subjects related to the profession of medical laboratory technology and
    - ii. Subjects related to the specific knowledge and skills applicable to the current position;
  - f) Submit current job description, which must include detailed job duties;
  - g) Submit previous job descriptions from a medical or comparable laboratory, highlighting major areas of accountability/responsibility;
  - h) Submit a letter of endorsement from current employer;
  - i) Submit official transcript of SAIT MLT General Knowledge Exam - MEDL 120 (Infection Control and Safety, Specimen Collection and Handling, and Quality Management);
  - j) Submit all required forms, fees and dues as required under current legislation; and
  - k) Ensure initial completed application form and appropriate fees are received by the CMLTA within two (2) weeks of commencement of employment. Additional required documentation must be received by the CMLTA within four (4) months from the date of the initial application form. Failure to meet this deadline will result in closure of the application.
  
2. In approving an application, the Registrar or Registration Committee will impose conditions and restrictions on the registration and MLT Practice Permit to be issued, including employer, area of practice, and position description.



# 2018 Substantial Equivalency Application

The College of Medical Laboratory Technologists of Alberta is designated pursuant to Schedule 11 of the *Health Professions Act* to govern the profession of Medical Laboratory Technology in Alberta.

**1. PERSONAL INFORMATION:**

**All sections must be completed in full.**

(last name) (first name & middle initial) (previous last name if applicable)

(address)

(city, province)

(postal code)

(home phone #)

(work phone #)

(e-mail)

Alberta Provider Directory requires Date of Birth and Gender:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

Female  Male

**CMLTA #:** (For office use only)

**2. EMPLOYMENT HISTORY:**

Employer	Practice Area	Hours Worked in:
		2017:
		2016:
		2015:
		2014:

**3. EMPLOYMENT STATUS:** What is your current employment status? Please check ONE only

Full Time  Part Time  Casual  Conditions: \_\_\_\_\_

**4. DISCIPLINARY ACTION:**

Are you currently the subject of an investigation, hearing, or appeal related to unprofessional conduct under Part 4 of the *Health Professions Act* or any other enactment that regulates a profession?

No  Yes If yes, please attach details on a separate sheet.

Have you previously been disciplined by another regulatory body responsible for the regulation of Medical Laboratory Technologists or of another profession?

No  Yes If yes, please attach details on a separate sheet.

**5. CRIMINAL RECORD DECLARATION:**

*Please note this is a "Declaration" only and you are not required to obtain a criminal record check, unless requested to do so by the CMLTA.*

Have you ever pleaded guilty or have been found guilty of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside Canada for which you have not been pardoned?

No  Yes If yes, please attach details on a separate sheet.

Do you have a criminal record?  No  Yes If yes, please attach details on a separate sheet.

**FOR OFFICE USE ONLY:**

Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Data Verification \_\_\_\_\_

Fees Processed \_\_\_\_\_

Processing Completed \_\_\_\_\_

Mailed \_\_\_\_\_

Notes:

Cont'd next page

**6. EDUCATION HISTORY: (Attach copies of relevant diplomas/degrees and original transcripts)**

1. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Graduation Year: \_\_\_\_\_ Language of Instruction: \_\_\_\_\_ Credentials (Diploma/Degree): \_\_\_\_\_
2. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Graduation Year: \_\_\_\_\_ Language of Instruction: \_\_\_\_\_ Credentials (Diploma/Degree): \_\_\_\_\_
3. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Graduation Year: \_\_\_\_\_ Language of Instruction: \_\_\_\_\_ Credentials (Diploma/Degree): \_\_\_\_\_

**7. CERTIFICATION HISTORY: (Original transcripts must be sent directly from all educational institutions)**

- Successfully completed a CMLTA Council-approved exam (CSMLS exam): Year: \_\_\_\_\_
- Have not completed a CMLTA Council-approved exam (CSMLS exam): Explanation: \_\_\_\_\_
- MLT General                       MLT Diagnostic Cytology                       MLT Clinical Genetics
- MLT Subject      Subject Area: \_\_\_\_\_ Year Obtained: \_\_\_\_\_
- ART General     ART Subject      Subject Area: \_\_\_\_\_ Year Obtained: \_\_\_\_\_
- BSc.      BSc. Subject Area: \_\_\_\_\_ Year Obtained: \_\_\_\_\_
- Other: \_\_\_\_\_

**8. FEES:**

**Substantial Equivalency Application Fee** \_\_\_\_\_ **\$1000**

**9. METHOD OF PAYMENT:**

- MONEY ORDER payable to the CMLTA for \$ \_\_\_\_\_

(NOTE: Visa Debit cards are not accepted)

- VISA                      Credit Card Authorization Signature \_\_\_\_\_
- MASTERCARD
- Amount \$ \_\_\_\_\_ Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

**10. CMLTA AUTHORITY:**

Authorization for registering Medical Laboratory Technologists, including the collection and provision of certain information, is granted under current legislation including Sections 9, 28, 29, 30, 33, 34, 36, 43, 44, 46, 47, 48, 119, 120, 122, 128, and 129 of the *Health Professions Act* (HPA) and Sections 2 through 12.4, 23, 24, and 25 of the *Medical Laboratory Technologists Profession Regulation* pursuant to the HPA and Article 4 of the CMLTA Bylaws.

**11. APPLICANT'S SIGNATURE:**

I acknowledge I have read and understand the Substantial Equivalency Application, and am aware the information I provide will be used and disclosed as provided for under current legislation and as required for the Alberta Provider Directory. I also certify the information given on this form is correct and complete to the best of my knowledge and belief.

Signature

Date

- The *Health Professions Act* and CMLTA Bylaws are subject to revision from time to time.
- The CMLTA may require further information relative to any of the above responses.
- If you have any questions about this form, please feel free to contact the CMLTA office.

Email, fax, or mail the completed application to:

**COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS of ALBERTA**  
301-9426 51 AVENUE NW  
EDMONTON, AB T6E 5A6

PHONE: 1-800-265-9351 FAX: 780-437-1442 E-MAIL: [info@cmlta.org](mailto:info@cmlta.org) WEBSITE: [www.cmlta.org](http://www.cmlta.org)