



2018 Substantial Equivalence 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: / / Female Male
mm dd yyyy

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:

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 WEBSITE: www.cmlta.org