

NOTICE OF NON-PRACTICE

The CMLTA mandate of patient safety and public protection is reinforced with mandatory registration for all individuals employed and practicing as Medical Laboratory Technologists (MLTs). If an MLT is considering retirement, an extended leave of absence, or departing from professional practice for some other reason resulting in the non-renewal of registration and an MLT Practice Permit, it is an individual's responsibility to notify the CMLTA.

This is to advise that as of: _____ I will not be employed as an MLT in Alberta.
(mmm/dd/yyyy)

Name: _____
(First) (Last)

CMLTA #: _____ Date of Birth: _____
(mmm/dd/yyyy)

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone #: (h) _____ (w) _____

Email: _____

Please specify reason for non-practice:

- | | | |
|---|---|--------|
| <input type="checkbox"/> Unpaid* Parental Leave | <input type="checkbox"/> Unpaid* Long Term Disability | Other: |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Moved Out of Province | |

If applicable, please indicate an expected return to work date: _____

In a situation where an individual is not physically in the workplace providing professional services, but is on a paid leave and receiving employer/government compensation/benefits (e.g. sick leave, parental leave, long term disability), the notice of non-practice does **not** apply. In this case, registration is mandatory and an MLT Practice Permit is required as the payment of benefits is based on MLT employment.

Please complete the "Declaration of Non-Practice" on page 2.

Declaration of Non-Practice

I acknowledge and affirm that after the notice date provided above, I will not be undertaking any duties of a regulated MLT, including:

1. Providing professional services directly to the public;
2. Conducting laboratory tests that are used by other Regulated Members to provide professional services directly to the public;
3. Teaching the practice of medical laboratory technology to Regulated Members or students of the regulated profession; and
4. Supervising Regulated Members who provide professional services to the public.

I acknowledge and affirm that it is an offense pursuant to the *Health Professions Act* to deliberately or impliedly present myself as a regulated MLT while not registered with the CMLTA or in possession of a valid MLT Practice Permit.

I understand that prior to returning to professional practice and before MLT employment is secured, I must contact the CMLTA to reinstate* as a practicing Regulated Member. I also understand that all outstanding** Continuing Competence Program requirements must be fulfilled before consideration will be given to MLT reinstatement.

SIGNATURE (mandatory):

_____ **DATE:** _____

** Pursuant to Section 43(1) of the Health Professions Act, if a Regulated Member does not apply for a Practice Permit, the CMLTA may cancel their registration and Practice Permit. Furthermore, pursuant to Section 45(1) an individual may apply for a Practice Permit to be reissued and registration reinstated in accordance with Bylaws. This means the applicable reinstatement requirements and fee will apply.*

*** It is recommended to submit the applicable completed Learning Plan as a hard-copy with the submission of a Notice of Non-Practice form. Please note the CMLTA only has access to completed Learning Plans online once renewal dues have been paid.*

Please submit completed form along with applicable completed Learning Plan by fax, email, or mail to:

Fax: 780-437-1442

Email: info@cmlta.org

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Edmonton, AB T6E 5A6