

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. Verification of hours is also required when fulfillment of MLT practice hours is a requirement of a conditional MLT Practice Permit, or when individuals wish to have their MLT practice hours on file amended.

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.

Please indicate reason for submission:

- Requirement of CCP Compliance Audit
- To provide evidence of MLT practice hours as a condition of an MLT Practice Permit
- Requesting changes to MLT practice hours previously recorded

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 2019
- Has not completed a minimum of 900 MLT practice hours in 2019

Actual number of MLT practice hours for each of the *applicable* years must be recorded if the employee referred to above:

- (i) Did not work a minimum of 900 MLT practice hours in 2019;
- (ii) Is required to provide evidence of MLT practice hours as a condition on an MLT Practice Permit; or
- (iii) Is requesting changes to MLT hours previously recorded.

2019: _____ **2018:** _____ **2017:** _____ **2016:** _____

In the position of: _____ with: _____
(Job Title) *(Name of Employer)*

in the _____ at _____
(Name of Laboratory Department/Area of Practice) *(Name of Hospital/Laboratory/ Site)*

_____, _____
(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.