



## ACKNOWLEDGEMENT & UNDERTAKING OF SUPERVISION

**CMLTO Registrant:**

**Registration #:**

In order to fulfill the specific requirements for registration with the College of Medical Laboratory Technologists of Ontario (CMLTO), this registrant is required to work under supervision. The supervisor must meet the requirements listed in CMLTO's Guidelines for Supervision.

---

### Undertaking of Supervisor

Supervisor's full name:

Title:

- My CMLTO registration number is \_\_\_\_\_ and I hold a Practising certificate of registration with authorization to practice in the following specialties. (please check all that apply)

Biochemistry

Cytogenetics

Cytology

Hematology

Histology

Microbiology

Molecular Genetics

Phlebotomy

Transfusion Science

Other:

### Supervisor Acknowledgements

1. I acknowledge that \_\_\_\_\_ **(Registrant's name)** is authorized to practice in \_\_\_\_\_ **(indicate specialty)** under supervision.
2. I acknowledge that I have read the CMLTO's *Guidelines for Supervision* which is available [here](#).
3. I agree to assume responsibility for the tests performed and results reported by **(Registrant's name)** at:



4. I agree to report to the Registrar in the event that  
**(Registrant's name)** performs an act of professional misconduct, or appears to be incompetent or incapacitated.
  
5. I agree to notify the Registrar immediately if I am no longer able or willing to fulfill the responsibilities of a supervisor.

Signature

Date

---

### **Employer Acknowledgement**

To be signed by a person authorized on behalf of the employer.

Name:

Title:

I have read the undertaking of the individual who has assumed responsibility for the testing performed and results reported by \_\_\_\_\_ .

Signature

Date

---

### **Registrant Acknowledgement**

I, \_\_\_\_\_ have read and understood the limitations on my practice and acknowledge the conditions under which I am required to work.

Signature

Date