



College of Medical  
Laboratory Technologists  
of Ontario

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# CMLTO Practising Certificate of Registration Request Form

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TORONTO ONTARIO M5C 3A1  
T: 416 861 9605/1 800 323 9672 F: 416 861  
0934  
[www.cmlto.com](http://www.cmlto.com)

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## 1. Contact Information

Full name: \_\_\_\_\_ CMLTO Registration number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. Specialties (please check all that apply)

Biochemistry	Histology	Molecular Genetics
Cytology	Hematology	Phlebotomy
Cytogenetics	Microbiology	Transfusion Science
Other:		

## 3. Professional Liability Insurance Declarations

Per [CMLTO By-Law](#), Practising Registrants must hold sufficient professional liability insurance. Please read and check off the following statements:

I understand that I am required to have professional liability coverage pursuant to Article 11 of the CMLTO By-Law to practice medical laboratory technology in Ontario.

I undertake that I will not engage in medical laboratory technology practice in Ontario until I have obtained professional liability coverage as required by CMLTO By-Law. I understand that it would be professional misconduct to breach this undertaking.

## 4. Practising eligibility

Please check the following option which aligns with your changing certificate of registration request and the guarantor-approved documents you will be submitting. Each option describes the active engagement you have completed in the **preceding three (3) years**.

### Non-practising to Practising (check one of the following):

Recent MLT graduate: CMLTO has a record of, or I am submitting my MLT degree, diploma, official transcript, or program completion letter.

MLT work/employment: I am submitting an employment letter and job description which includes my employer's address, job title, list of duties performed, practice hours, and dates.

Completed [approved refresher courses](#): I am submitting my approved refresher course certificate(s) or transcript(s) that include the course completion date and hours.



### Emergency to Practising:

I am submitting my employment letter and an objective report\* written by my supervisor.

*\*The report must include the processes and procedures used to establish your supervision, determine your competence, and continuously monitor your performance. CMLTO may request more information.*

## Guarantor's Verification Form

### Registrant / applicant information

Registrant / applicant full name: \_\_\_\_\_

Previous name(s) (if applicable): \_\_\_\_\_

CMLTO registration number (if applicable): \_\_\_\_\_

### Guarantor description and requirements

The College of Medical Laboratory Technologists of Ontario (CMLTO) requires a guarantor to certify that the documents provided in a Registrant's application for registration are valid and true. A guarantor is required to review and sign each document (where applicable).

A guarantor cannot be related to the Registrant. They must be a Canadian citizen or permanent resident. Retired guarantors are not eligible unless they are still licensed to practice. Additionally, they must belong to one of the professions listed below.

<input type="checkbox"/> Medical doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Veterinarian
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Laboratory director/manager/ supervisor	<input type="checkbox"/> Chiropractor
<input type="checkbox"/> College faculty/ Postsecondary professor	<input type="checkbox"/> Senior administrator in a university/college	<input type="checkbox"/> School principal
<input type="checkbox"/> Police officer	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Judge/magistrate
<input type="checkbox"/> Notary public	<input type="checkbox"/> Signing officer at a bank or trust company	<input type="checkbox"/> Chartered accountant
<input type="checkbox"/> Minister authorized under provincial law to perform marriages	<input type="checkbox"/> Chief of Indian Band	<input type="checkbox"/> Mayor

### Guarantor's information (Please print)

Full name: \_\_\_\_\_ License number (if applicable): \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_



Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Guarantor's declaration

I certify that I have seen all the original listed documents, and the copies being submitted with this form were made from the original documents.

### Document Submission Method

The CMLTO changing certificate of registration process time can take up to **10 days** after a completed application is received. A completed application includes a) Practising Certificate of Registration Request form and b) applicable guarantor-verified supporting documents.

The CMLTO **does not** accept any supporting documents sent directly from a Registrant's email and/or fax. **There are three ways to submit your supporting documents:**

#### Option A: Upload documents in your application

- While completing Practising Certificate of Registration Request form, upload your signed form and verified supporting documentation.

#### Option B: Submission by mail

- Request the guarantor to compare original documents and photocopies.
- Have the guarantor sign each photocopied document and complete the GVF.
- Mail the signed documents and completed GVF to the CMLTO. Documents may be sent through Canada Post, Express Post, Purolator, FedEx, and UPS.

**CMLTO Address:** Suite 2100 – 25 Adelaide Street East, Toronto, Ontario, Canada M5C 3A1

#### Option C: Submission through the guarantor's business email address

- 1) Scan or take a photo of your supporting documents (.jpeg or .pdf format).
- 2) Email the supporting documentation and changing class request form to your guarantor.
- 3) Have the guarantor verify your documents and complete the request form.
- 4) Have the guarantor email the supporting documents and completed request form to [registration@cmlto.com](mailto:registration@cmlto.com). In the email, the guarantor must type the following statement:

***"I hereby certify that, to the best of my knowledge, the attached documents are true and valid copies of original documents pertaining to the applicant."***

#### Option D: Authentic copy from the original institution

- 1) Email the request form to [registration@cmlto.com](mailto:registration@cmlto.com) through your email and request the institution or organization to send the original support document directly to [registration@cmlto.com](mailto:registration@cmlto.com). The guarantor's verification is not required for this submission method.

If you have any questions about the application process, or your application specifically, please contact the Registration Department by email at [registration@cmlto.com](mailto:registration@cmlto.com).