



College of Medical
Laboratory Technologists
of Ontario

2025 Annual Report

Excellence

Accountability

Leadership



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Mission

The CMLTO exists for the protection of the **public's right to safe, high-quality health care through self-regulation and leadership of the MLT profession.**

The CMLTO will be recognized, by our stakeholders, as a **successful leader in the health regulatory community** and as a **trusted, valued, and fair regulatory body.**

Exceptional customer service, high-quality programs, engaged members, and financial stability will be the hallmarks of the organization.

Vision



Values

Competence and
Trust

Leadership

Integrity

Accountability

Collaboration

Excellence

Caring

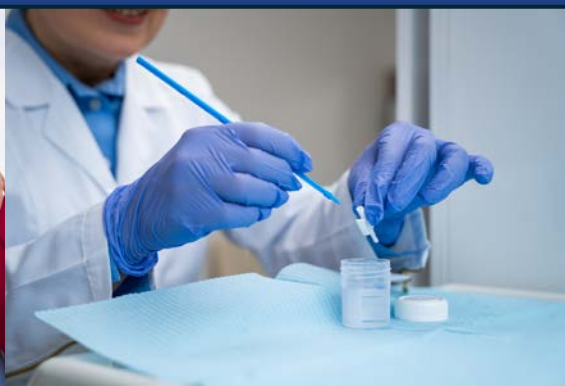
About the CMLTO



The College of Medical Laboratory Technologists of Ontario (CMLTO) **protects the public's right to safe, competent, ethical health care.** We do this by **regulating the professionals who conduct lab tests** across the province. The CMLTO is the regulatory body for medical laboratory technologists (MLTs) who practice in Ontario.

The CMLTO ensures you can have **confidence in MLTs doing your lab tests.** Qualified individuals must be registered with the CMLTO to work as MLTs in Ontario. As regulated health professionals, **MLTs are held accountable for their conduct and practice.**

Our role, programs, and governance all contribute to making the profession **of medical laboratory technology accountable to the public.**



A message from the 2024 CMLTO Board Chair, Karen Persad



2025 was a year of significant progress and continued commitment to the public interest for the College of Medical Laboratory Technologists of Ontario (CMLTO). As Chair of the CMLTO Board of Directors, it is my privilege to introduce this year's Annual Report, which is an important reflection of the College's work, achievements, and ongoing evolution in support of public protection and regulatory excellence.

Annual reports provide more than a record of activities and outcomes; they offer an opportunity to reflect on the direction of the organization, the strength of its governance, and the shared commitment of the Board of Directors, Committees, and staff to serving the public interest. I encourage readers to take the time to review this report in full to gain a comprehensive understanding of the scope and impact of CMLTO's work over the past year.

2025 was a particularly productive year for the College across all areas of its mandate. The Board of Directors and College staff remained focused on delivering on strategic priorities while responding to an evolving health regulatory environment. A key area of emphasis throughout the year was strengthening transparency and engagement with all key partner groups. These efforts continue to reinforce trust in the regulatory system and support informed participation from those we serve.

A significant focus in 2025 was the continued development and implementation of Careholder Linkage, which has been important to the Board's commitment to responsive governance. Through structured and intentional engagement with each key group, the Board has strengthened its understanding of the perspectives of those who were involved. We look forward to building on this work in the future.

A message from the 2024 CMLTO Board Chair, **Karen Persad**



The year also marked important progress in governance modernization. The Board was involved in strengthening governance structures and enhancing decision-making frameworks. These developments are part of an ongoing commitment to ensure that the College's governance model remains effective and contemporary in regulatory oversight. Work in this area has positioned the College well for continued responsiveness and accountability in the years ahead.

I would like to extend my sincere appreciation to my fellow Board Members, Committee Members, and College staff for their dedication and hard work throughout 2025. Their efforts continue to be instrumental in advancing the College's mission and maintaining public confidence in the regulation of medical laboratory technologists in Ontario.

I encourage all readers to stay connected with the College through our website, publications, social media channels, and engagement opportunities. It is through ongoing collaboration and dialogue that we continue to strengthen our regulatory system and serve the public interest effectively.

Sincerely,

Karen Persad, **BSc, MLT, C.Dir**

CMLTO Board Chair

A message from the CMLTO Registrar & CEO, John Tzountzouris



2025 has been a vibrant and dynamic year for the College of Medical Laboratory Technologists of Ontario (CMLTO), marked by meaningful progress, ongoing evolution, and a continued focus on our core mandate of protecting the public through the effective regulation of Medical Laboratory Technologists (MLTs) in Ontario.

The CMLTO Annual Report remains an essential tool in supporting our commitment to transparency and public accountability. This year's report reflects both governance-level developments and operational outcomes, providing a comprehensive view of how the College continues to fulfill its responsibilities as a contemporary and responsive health regulator. I encourage readers to explore the report in detail to better understand the breadth of work undertaken across the organization.

Throughout 2025, the College has continued to emphasize transparency in all aspects of its work. From policy development and governance practices to program delivery and communications, we have remained focused on ensuring that our processes are open, accessible, and clearly communicated to all those we serve. This commitment supports trust in the regulatory system and reinforces our accountability to the public.

We have also made meaningful progress in advancing Equity, Diversity, Inclusion and Justice (EDI-J) initiatives. This work continues to be an important priority for the College, informing both governance and operations. By embedding EDI-J principles into the work that we do, we are working to ensure that our regulatory approach is fair, inclusive, and reflective of the diverse communities we serve.

A message from the CMLTO Registrar & CEO, John Tzountzouris



In addition, 2025 saw an expansion of the College's public relations and outreach efforts. We engaged more actively than ever before with the public through a variety of channels and initiatives. These efforts have enhanced awareness of the College's role, strengthened relationships with key audiences, and supported greater understanding of our mandate and activities. Read further into this report for more information.

At the operational level, 2025 was also a highly successful year for the College's regulatory programs. Staff across registration, quality assurance, and professional conduct continued to demonstrate strong commitment, professionalism, and diligence in carrying out the College's mandate. Significant work was undertaken to support efficient, fair, and transparent processes that uphold public protection while supporting Registrants in meeting high professional standards. The outcomes achieved throughout the year reflect both the strength of the regulatory framework and the dedication of those who administer it.

As always, I extend my sincere appreciation to the Board of Directors, Committee members, staff, and Registrants for their ongoing dedication and professionalism. It is through this collective effort that the College continues to evolve and deliver on its mandate.

I look forward to building on this momentum in the year ahead, as we continue to strengthen our regulatory framework, enhance our engagement efforts, and serve the people of Ontario with integrity and purpose.

Sincerely,

John Tzountzouris, MA, BSc, BHA, MLT, GSP
Registrar & CEO, CMLTO

2025 Board Members

Board Officers

Karen Persad	Chair	Professional Member
Helen Meaney	Vice-Chair	Professional Member
Tammie Rix	Vice-Chair	Public Member
George Broukhanski	Interim Vice-Chair	Professional Member

Public Members

Andrew Chan – Term start: August 14, 2025

Nathan Clark – Term start: September 04, 2025

Robert Hague – Resigned: April 15, 2025

Walter Hewus

Lin (Victor) Lan – Term start: June 11, 2025

Peter McLeman

Jennifer Pilzecker

Tammie Rix

Rohini Soni

Vivian Ufodike

Professional Members

Janette Aaltonen – Resigned: December 22, 2025

George Broukhanski

Mary Costantino

Paula Curti

Imaya Dharmasri Vithana

Jessica McBane

Shweta Pant

Karen Persad

Lucia Di Pietro

Helen Meaney – Resigned: November 04, 2025

Academic Members

Lavern Bourne

2025 Statutory Committee Compositions

EXECUTIVE COMMITTEE

Karen Persad – Chair, Professional Member

Helen Meaney – Vice-Chair, Professional Member

Paula Curti – Professional Member

Tammie Rix – Vice-Chair, Public Member

Walter Hewus – Public Member

George Broukhanski - Interim Vice-Chair, Professional Member

REGISTRATION COMMITTEE

Rohini Soni – Chair, Public Member

George Broukhanski – Professional Member

Paula Curti – Professional Member

Shweta Pant – Professional Member

Jennifer Pilzecker – Public Member

Vivian Ufodike – Public Member

James Jose – Non-Board Committee Member

Melissa Desaulnier – Non-Board Committee Member

Pamela Calverley – Non-Board Committee Member

Rosmol Stanes Pulikkotil – Non-Board Committee Member

Trina Gilley – Non-Board Committee Member

Wen Qin – Non-Board Committee Member

2025 Statutory Committee Compositions

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

Walter Hewus – Chair, Public Member

Jessica McBane – Professional Member

Lucia Di Pietro – Professional Member

Jennifer Pilzecker – Public Member

Robert Hague – Public Member

Alison Nimetz Severini – Non-Board Committee Member

Anthony Battista – Non-Board Committee Member

Chirag Vyas – Non-Board Committee Member

Danielle Menezes – Non-Board Committee Member

Lisa Mantifel – Non-Board Committee Member

Megan Spencer – Non-Board Committee Member

Rajan Kumar Dahal – Non-Board Committee Member

DISCIPLINE COMMITTEE

Tammie Rix – Chair, Public Member

Janette Aaltonen – Professional Member

Mary Costantino – Professional Member

Matthew Mackenzie – Public Member

Vivian Ufodike – Public Member

Andrew Chan – Public Member

Faris Joatar – Non-Board Committee Member

Kevin Tseng – Non-Board Committee Member

Lisa Lindner – Non-Board Committee Member

Masi Basiri – Non-Board Committee Member

Stephanie Cote Girard – Non-Board Committee Member

Tania Garshowitz-Dong – Non-Board Committee Member

2025 Statutory Committee Compositions

FITNESS TO PRACTISE COMMITTEE

George Broukhanski – Chair, Professional Member

Helen Meaney – Professional Member

Peter McLeman – Public Member

Rohini Soni – Public Member

Geeta Seocharan – Non-Board Committee Member

Mitzi Ann Estrada – Non-Board Committee Member

Omid Nouri – Non-Board Committee Member

QUALITY ASSURANCE COMMITTEE

Lavern Bourne – Chair, Professional Member

Imaya Vithana – Professional Member

Robert Hague – Public Member

Vivian Ufodike – Public Member

Peter McLeman – Public Member

Nathan Clark – Public Member

Amanda Godbout – Non-Board Committee Member

Anne Augustin – Non-Board Committee Member

Jenny Gan – Non-Board Committee Member

Samira Ahmed – Non-Board Committee Member

Tharani Thulaseetharan – Non-Board Committee Member

Vanessa Lad – Non-Board Committee Member

PATIENT RELATIONS COMMITTEE

Peter McLeman – Chair, Public Member

Janette Aaltonen – Professional Member

Mary Costantino – Professional Member

Matthew Mackenzie – Public Member

Lin (Victor) Lan – Public Member

Alfred Azenabor – Non-Board Committee Member

Hasit Patel – Non-Board Committee Member

Sanya Sohal – Non-Board Committee Member

CMLTO Ends (Critical Outcomes) Policies

High Level Ends Policy

The public receives **safe, high quality medical laboratory services provided by CMLTO Registrants**. Specifically, the College of Medical Laboratory Technologists of Ontario (CMLTO) exists for the following Ends (Critical Outcomes):

Ends Policy 1 – Effective Medical Laboratory Professions Regulation

The public interest is at the forefront of effective CMLTO regulatory processes.

Ends Policy 2 – Accountable Professionals

Accountable, competent and ethical Medical Laboratory Professionals practise safely, effectively, and collaboratively and consistent with current and evolving practice risks standards and professional obligations.

2.1 Medical Laboratory Professionals with alternative credentials are regulated such that they practice safely, effectively, and collaboratively.

At What Worth/Cost

All Ends (Critical Outcomes) Policies will be achieved at a reasonable cost and reasonable fees for registrants and voluntary roster affiliates.

Definitions: *Effective regulatory processes are defined as being fair, transparent, timely, objective, evidence-informed, and right-touch*

Ends Policy 3 – Effective Regulation with the Health System

Effective regulation and health care policy decisions are positively influenced through collaboration, relationship building, and partnerships.

3.1 Regulation for Medical Laboratory Technicians and Assistants exists for the protection and safety of the public.

3.2 Emerging health human resource trends impact future planning.

CMLTO Governance Approach

The CMLTO Board of Directors serves as the organization's governing body, setting strategic direction and **defining the outcomes necessary to advance the self-regulation of medical laboratory technologists in the public interest.**

The Board governs using the **Policy Governance®* Model**, which establishes clear **accountability**, supports **strategic leadership**, and maintains a distinct **separation between governance and operational management**. Within this framework, the Board defines the desired results through its **Ends (Critical Outcomes) Policies**, delegates operational authority to the Registrar & CEO within defined Executive Limitations, and **monitors performance** to ensure that outcomes are achieved and governance expectations are met.

This governance approach reflects the Board's commitment to **transparency, accountability, and ethical, prudent decision-making** in service of public protection. Supported by legislation, the CMLTO By-Law, and Board policies, the governance structure ensures **clarity of roles, strong oversight, and alignment with the public interest mandate**. The Board acts as a key link to the public, grounding its work in inclusive, future-focused, and principled governance, while maintaining clear distinctions between governance and management and fostering ongoing engagement with its broader Careholdership.

**Policy Governance® is the invention of Dr. John Carver and an internationally registered trademark of The Governance Coach Inc. Used with permission. The authoritative website for Policy Governance is: www.policygovernance.com*



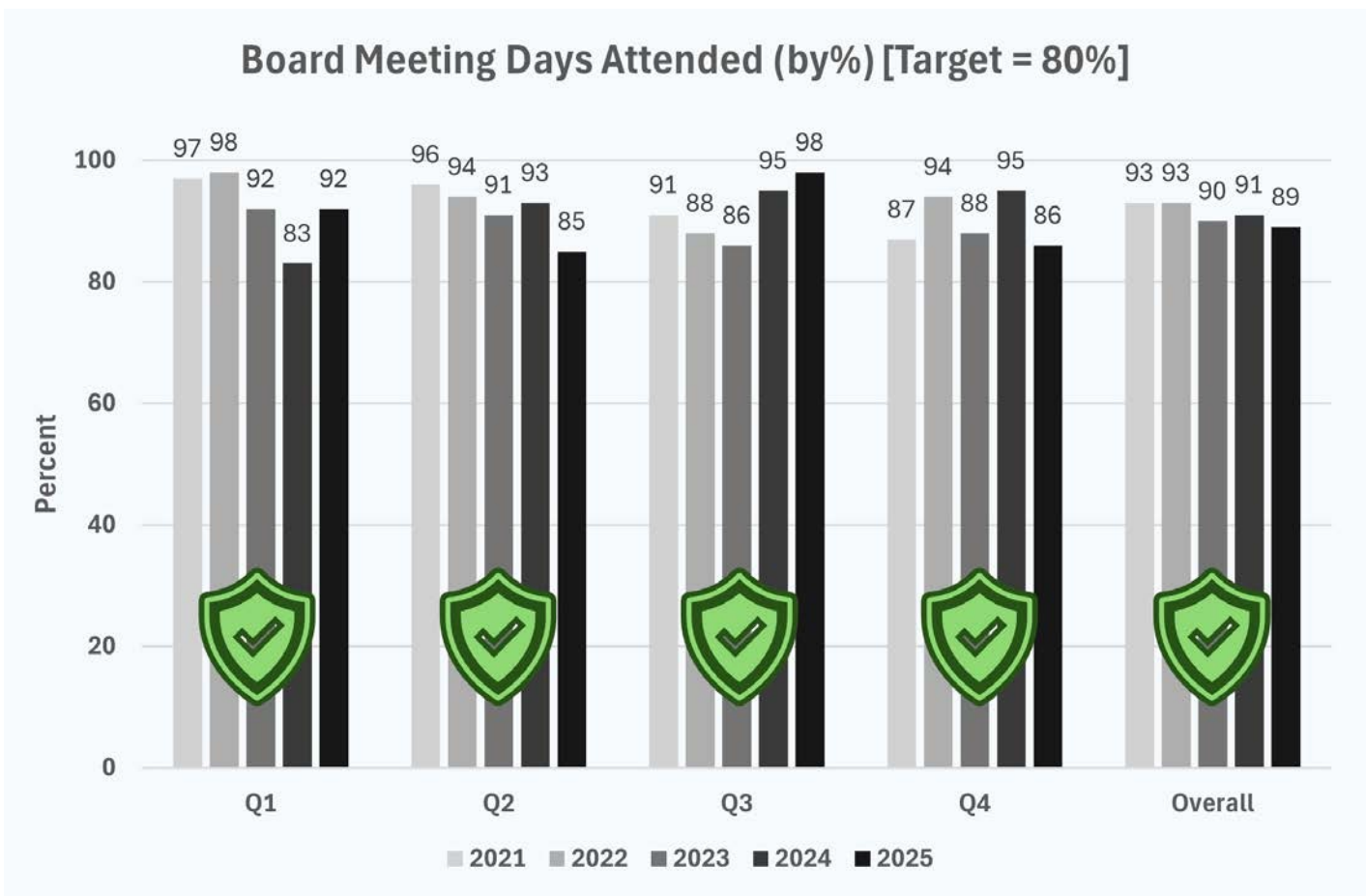
CMLTO Governance Scorecard

The CMLTO Board holds itself accountable for delivering on its vision, achieving CMLTO's critical results, and delivering governance excellence. The Board has measured key governance and outcome indicators over the past five years. It recognizes that measuring meaningful indicators is a learning journey.

Board Participation

Targets met for 2025

Board Member participation and engagement in each Board meeting is crucial to ensuring diverse perspectives are heard and a consensus is achieved. The Board evaluates the attendance of all Board members carefully.



- Overall =89% (170 adjusted Board person days attended/190 adjusted Board person days possible)

Governance Scorecard

Board Orientation

Each year the Board undertakes an annual comprehensive orientation program to ensure Board members have a detailed knowledge of the CMLTO's mandate and governance approach, the Ontario health regulatory sector, the medical laboratory technologist profession, and the healthcare environment. The Board considers informed and knowledgeable Board members critical to achieving governance excellence.

Board Members Completed the Full Annual Board Orientation (by %)
[Target 100% New Board Members, Target 88% for Continuing Board Members]

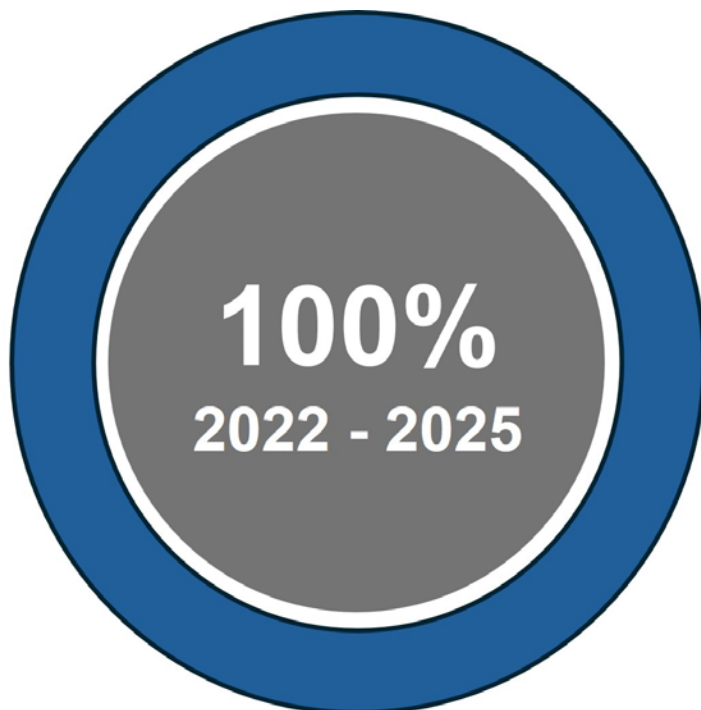
- Target Met for New Board Members
- Target Met for Continuing Board Members



Governance Scorecard

Board Monitoring of Operations

The Board monitors multiple operating parameters and assesses CEO performance annually in achieving these operating parameters related to results achieved within ethical, equitable, and prudent Board expectations. The Board is committed to enhancing its capacity to measure important governance processes and organizational outcomes. As a health regulatory governing body, the CMLTO Board shares indicators to advance accountability and transparency with the public and Careholders. The Board holds itself accountable for leading CMLTO with effective governance processes.



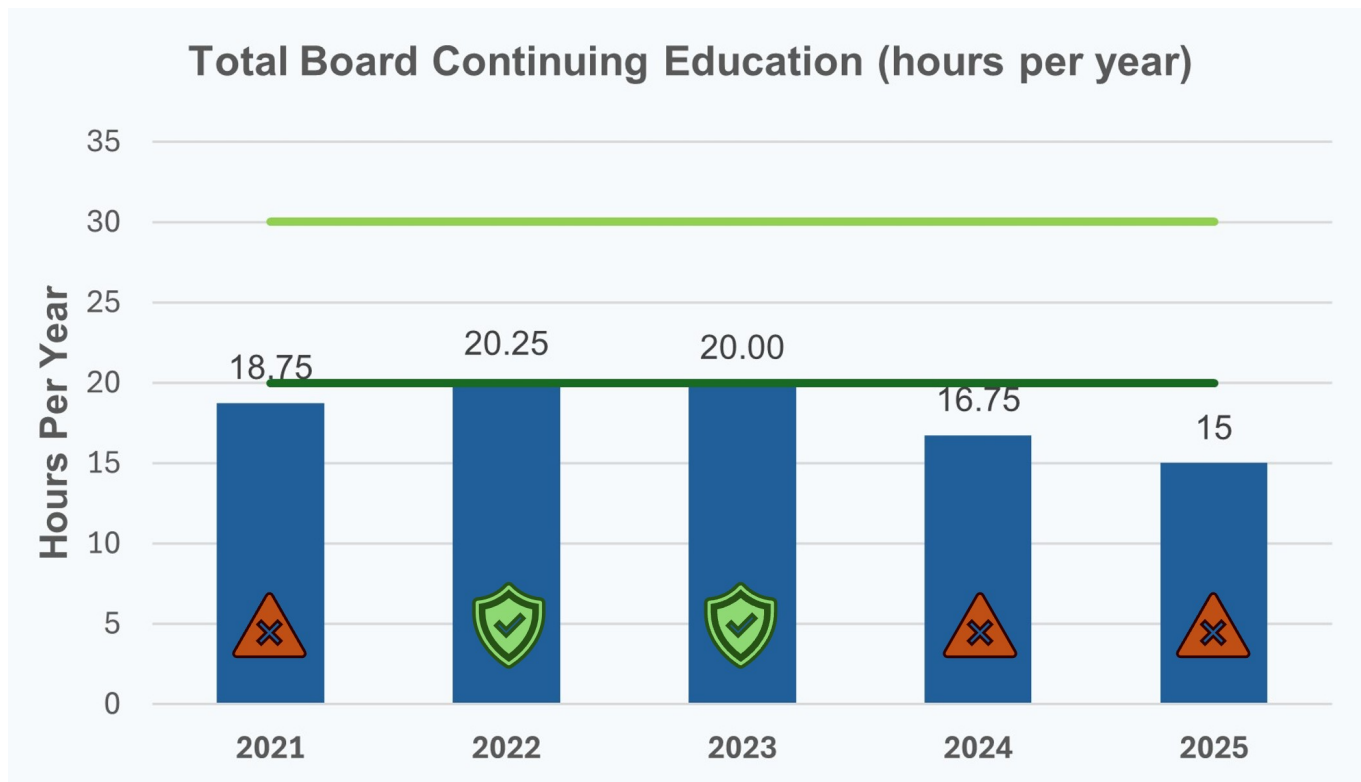
**100% of parameters scheduled to be monitored that were monitored.
(23/23 in 2022, 24/24 in 2023, 24/24 in 2024 and 15/15 in 2025)**

Governance Scorecard

Board Continuing Education

Target not met

Throughout the year the Board engages in comprehensive continuing education to ensure that their decisions are well informed. The Board participates in advanced learning around regulatory legislation, the healthcare environment, and key governance practices. This learning involves key Board discussions, presentations by subject matter experts, in-session learning workshops, and review of key literature and videos.



- *Note: Does not include external education for individual Board Members or self-learning using recorded videos.*
- [Target Range = 20-30 hours]

Governance Scorecard

Board Effectiveness Self-Assessment

Target Met

Each year the Board undertakes a comprehensive self-evaluation of its own processes, results/impact and working relationships. The Board members evaluate more than 70 factors contributing to their effectiveness as a group and individually. The percentage of Board members who have actively participated in this detailed assessment each year is shown.

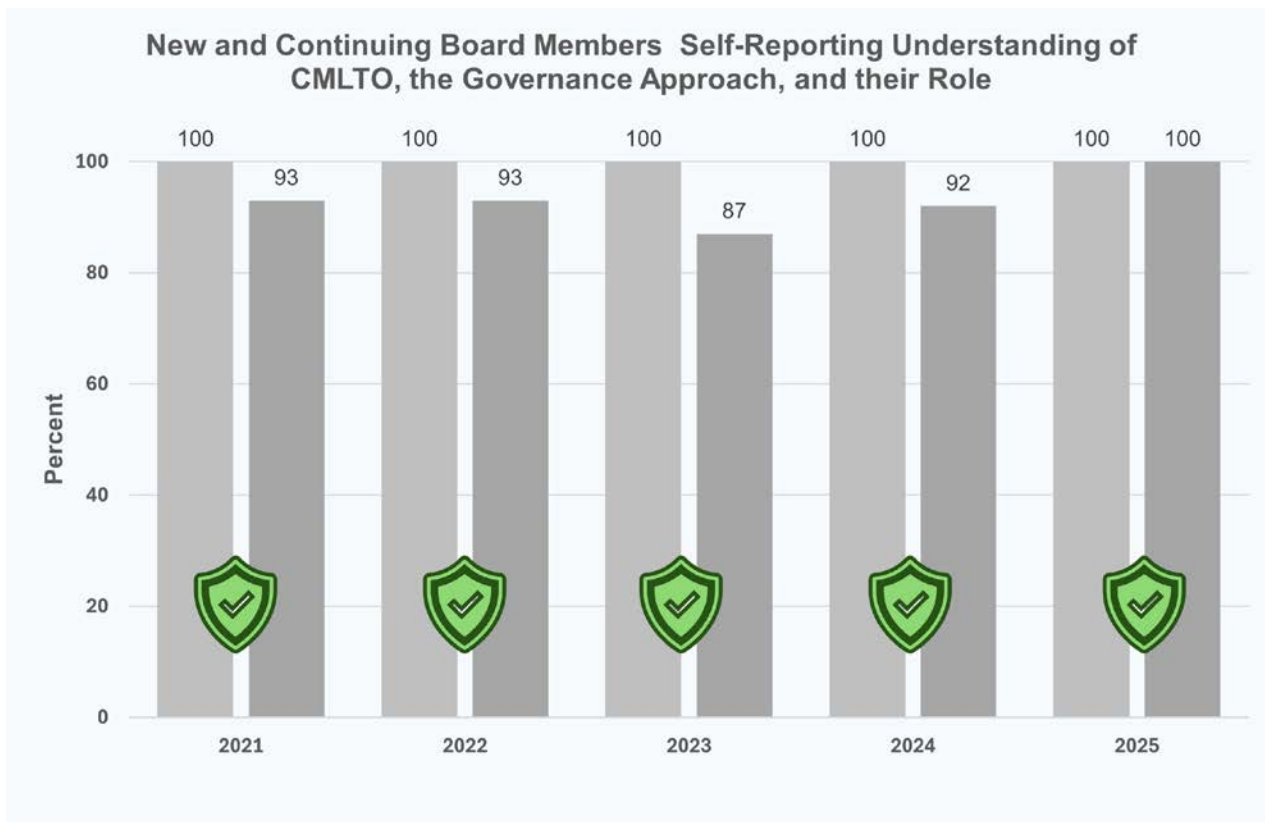


Governance Scorecard

Board Member Learning

Targets met

Incorporated in the annual comprehensive Board Orientation Program to ensure Board Members have detailed knowledge of CMLTO's mandate, role, purpose, and planned outcomes, Board Members participate in a brief assessment to demonstrate their learning resulting from the orientation. This assists with evaluating the effectiveness of the orientation and helps guide future Board continuing education.



Board Governance Outcomes

In 2025, the CMLTO Board of Directors held regular four (4) Board meetings and two (2) generative strategic discussions in a hybrid format. These meetings **supported effective governance oversight, strategic dialogue, and informed decision-making aligned with the College’s strategic priorities and statutory mandate to serve and protect the public interest.**

Throughout the year, the CMLTO Board continued to advance governance modernization, public interest decision-making, Board effectiveness, risk oversight, EDI-J, responsible use of artificial intelligence, and Careholdership linkage. The Board also continued to support transparent communication with Registrants and the public through published Board materials, meeting highlights, FOCUS newsletter updates, and public livestreaming of Board meetings.

BOARD DEVELOPMENT AND CONTINUOUS LEARNING

In 2025, the CMLTO Board continued to prioritize learning and development to support effective governance. Board education included governance risk, Board role and culture, decision-making discipline, responsible use of AI, and Board effectiveness. The December Board learning session focused on Board Chair leadership, decision-making courage, Board culture, emotional regulation, and whole-Board responsibility.

The CMLTO Board also reviewed the outcomes and recommendations of the 2025 External Evaluation of Board Effectiveness, prepared by Governance Solutions Inc. This work will inform continued governance modernization, including the Board’s Integrated Board Strategic Agenda and Board goals for 2026 and beyond.



Board Governance Outcomes

STRATEGIC GOVERNANCE AND ORGANIZATIONAL EXCELLENCE

The Board advanced several strategic governance priorities in 2025, including the approval of the 2025 Integrated Board Strategic Agenda/Work Plan. Priority areas included continued emphasis on public interest decision-making, regulation of medical laboratory assistants and technicians, EDI-J advancement, implementation of the Board Competency Framework, policy development and refresh, governance modernization, Careholdership linkage, MLT profession trends, and government relations/public policy.

The CMLTO Board also approved the composition of the 2025 Statutory Committees and welcomed a record number of incoming Non-Board Committee Members (NBCMs), supporting diverse perspectives and effective regulatory decision-making in the public interest.

STRENGTHENING GOVERNANCE AND OVERSIGHT

The CMLTO Board continued to strengthen its governance processes and oversight tools. This included further implementation of the Board Competency Framework, including approval of materials to support competency assessment in the 2026 election process.

The CMLTO Board also refreshed its governance of risk approach. Through learning and working sessions in April, May, and September, the Board identified, validated, and approved a refreshed 2025 Board Risk Register and Board Governance Risk Mitigation Action Plan.

The Board approved a refreshed CMLTO Board Governance Scorecard for implementation in 2026. The updated scorecard will include quarterly public-facing indicators related to Board Member Capacity, Careholder Linkage Outcomes, Critical Governance Process Outcomes, and Public Interest Impact.



Board Governance Outcomes

ADVANCING EDI-J AND RESPONSIBLE AI GOVERNANCE

In 2025, the Board advanced its EDI-J work through the introduction of the Global Diversity, Equity & Inclusion Benchmark (GDEIB) Framework. The Framework supports CMLTO's efforts to assess progress, measure impact, and move from intention to action in advancing EDI-J in a regulatory context.

The Board also approved the CMLTO Artificial Intelligence Strategy, the CMLTO Artificial Intelligence Governance Framework, and a new Executive Limitations Policy EL II-60 Use of Artificial Intelligence. The Board was also briefed on the CMLTO Artificial Intelligence Implementation Plan 2025–2027, supporting responsible governance and continued modernization.

GOVERNANCE OVERSIGHT: PERFORMANCE AND ACCOUNTABILITY

Consistent with the Policy Governance® Model, the Board maintained oversight of organizational performance through monitoring of Ends (Critical Outcomes) Policies and Executive Limitations Policies. At its December meeting, the Board reviewed monitoring reports presented by the Registrar & CEO and accepted the reports as demonstrating reasonable achievement of Board policies. The Board also accepted the 2026 Ends interpretations as reasonable, establishing the foundation for operational initiatives in the coming year.

CAREHOLDERSHIP LINKAGE AND PUBLIC ENGAGEMENT

The CMLTO Board continued to strengthen transparency and engagement through its ongoing Board/Careholdership Linkage/Engagement Plan. In 2025, Careholdership engagement involved sharing key information via CMLTO's social media channels, blog, and website, FOCUS Newsletter, Employer Newsletter, a Public Questionnaire, and an Employer Survey. The Public Questionnaire received more than 300 responses, providing insight into the public's understanding and perception of CMLTO and its role in the public interest. Focus groups were also conducted with selected groups of the Careholdership to seek input on system-level matters.

The CMLTO also continued livestreaming public Board meetings through CMLTO's YouTube channel. The December 2025 Board meeting marked one year of livestreaming Board meetings as part of CMLTO's efforts to increase accessibility and transparency for the public of Ontario.

Governance Modernization at the CMLTO

CMLTO's governance modernization is grounded in a multi-year, principle-based approach established in 2022 to strengthen governance effectiveness, regulatory oversight, and public interest accountability. Since that time, the Board has advanced a range of foundational initiatives, including:

- 
- **Governance Modernization Through a Comprehensive By-Law Rewrite**
 - **Board Oversight of By-Law Alignment Through a Board Policies Gap Analysis**
 - **Embedding Public Interest Considerations Through a Public Interest Assessment Framework**
 - **Strengthening Board Effectiveness Through a Board Competency Framework**
 - **Implementation of the Global Diversity, Equity, & Inclusion Benchmark (GDEIB) Framework**
 - **Initiation of the Responsible Use of Artificial Intelligence (AI)**
 - **Completion of an External Evaluation of Board Effectiveness (2025)**

These efforts reflect a sustained commitment to continuous improvement, transparency, and alignment with evolving governance expectations in the public interest.

In 2026, the Board will reflect on these inputs to confirm the strategic direction for the Governance Modernization Plan Refresh. This will inform the next phase of governance modernization, ensuring continued alignment with the Board's role, strategic priorities, and statutory mandate to serve and protect the public interest. 24

Transparency & Public Interest

CMLTO prioritizes transparency in all aspects of its governance and operations, recognizing its importance in fostering trust and accountability with all key partner groups. To continuously increase transparency in College processes and decision-making, and to make more information available to Ontarians, CMLTO carried out the following activities in 2025:



New and revised Board and Statutory Committee policies and regulatory information were shared publicly on the CMLTO website to support transparency in statutory committee decision-making processes.



CMLTO submitted the College Performance Measurement Framework (CPMF) Reporting Tool to the Ministry of Health in March and posted the submission to the CMLTO website.



The Annual Ontario Fairness Commissioner (OFC) Fair Registration Practices Report was submitted to the OFC and posted to the CMLTO website.



Numerous key initiatives under the CMLTO's Public Interest Assessment Framework were advanced, including the development of the Board Competency Framework.



Most Board meetings were conducted in open session and were livestreamed on the CMLTO YouTube channel.

Engagement and Careholder Linkage Update

The CMLTO Board of Directors has outlined its values regarding Board linkage with the Careholdership in its Governance Process Policy GP IV-45 Board Linkage With Ownership/Careholdership.

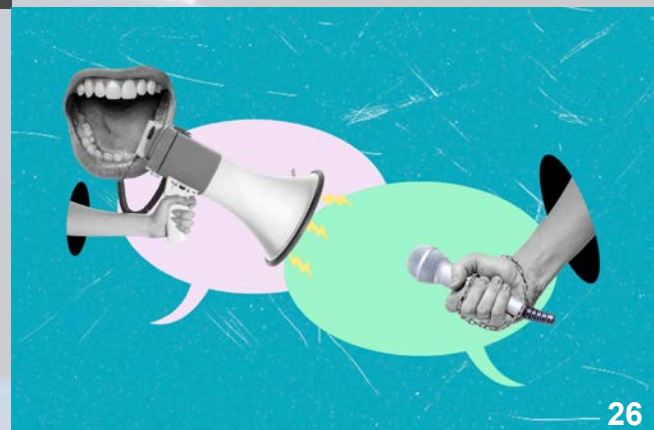
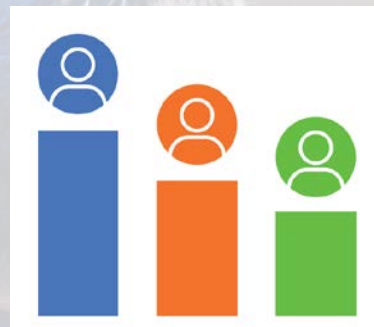
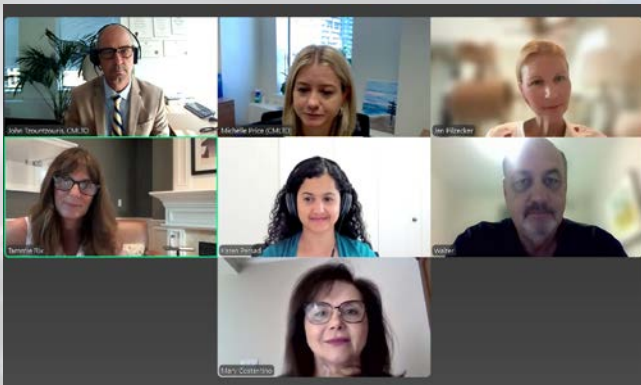
The CMLTO Board of Directors Ongoing Perpetual CMLTO Board/Careholdership Linkage Plan demonstrates its commitment to both ongoing Board connections with the Careholdership and to reach a broader, more diverse group of Ontarians.

In support of the Careholder linkage plan, CMLTO carried out the following engagement activities in 2025:

- **Engagement with the Public of Ontario through a survey and focus groups**
- **Engagement with MLT Employers through a survey and focus groups**
- **Engagement with MLTs through focus groups.**

The results of these engagements were presented to the Board of Directors, informing future focused discussions about the Board's Ends (Critical Outcomes) Policies.

Along with the activities outlined above, Board-level information was consistently shared out to all Careholder groups via CMLTO's public-facing channels.



Equity, Diversity, Inclusion and Justice (EDI-J) at the CMLTO

CMLTO's approach to Equity, Diversity, Inclusion, and Justice (EDI-J) reflects an ongoing commitment **to embedding these principles into governance, decision-making, and organizational culture in support of its public interest mandate.** Since initiating this work in 2022, the Board has taken a structured and deliberate approach to integrating EDI-J across policies, processes, and engagement practices, recognizing its importance to fairness, accountability, and public trust. **This work continues to evolve as part of a broader commitment to continuous learning, policy alignment, and inclusive governance.**

In 2025, CMLTO advanced this work by transitioning from EDI-J as principle to EDI-J as practice, with a focus on ensuring that actions are tangible, measurable, and aligned with organizational accountability. As part of this shift, the Board adopted the **Global Diversity, Equity & Inclusion Benchmark (GDEIB) Framework as a structured, evidence-based model to assess progress, identify gaps, and support informed decision-making.** The Framework provides a comprehensive and internationally recognized approach to evaluating EDI-J maturity across governance and organizational practices.

Implementation of the GDEIB Framework is being undertaken through a phased approach, including the development of an **inventory of existing EDI-J activities, a baseline assessment and gap analysis, and the establishment of a formal EDI-J strategy.** This work strengthens the Board's ability to oversee EDI-J as a core dimension of organizational performance, risk, and public trust, while ensuring that EDI-J remains integrated into governance structures and aligned with the College's statutory mandate.

Updates on the Pursuit of Regulating Medical Laboratory Assistants & Technicians

The regulation of medical laboratory assistants and technicians has been a strategic priority for the CMLTO Board of Directors since 2009. Since that time, the CMLTO has taken a deliberate and measured approach to advancing this initiative in Ontario. This approach has been shaped by the evolving political climate, as well as local and global trends in health profession regulation. A strategic lens has guided all actions in this area, ensuring the College is prepared should the Ministry of Health move forward with regulating these professionals.

Until the Government of Ontario approves this initiative, the CMLTO remains well positioned to assume responsibility for regulating medical laboratory assistants and technicians. Key partner groups, including government bodies, are aware of the College's work in this area. However, further effort is needed to inform and educate the public in Ontario about the current state of regulation within the medical laboratory profession.

Public awareness and information sharing are critical to advancing this initiative, particularly given the behind-the-scenes role of medical laboratory professionals. Public engagement initiatives in 2025 revealed that many individuals place “blind trust” in the safety and ethical practices of those handling their samples. At the same time, most are unaware that while Medical Laboratory Technologists (MLTs) are regulated, medical laboratory assistants and technicians, who often have the most direct patient contact during sample collection, are not. Participants in these engagements expressed strong concern about this gap in regulation. Building public awareness and support will be essential to moving this regulatory initiative forward.



Updates on the Pursuit of Regulating Medical Laboratory Assistants & Technicians

In support of this important regulatory initiative, CMLTO carried out the following activities in 2025:

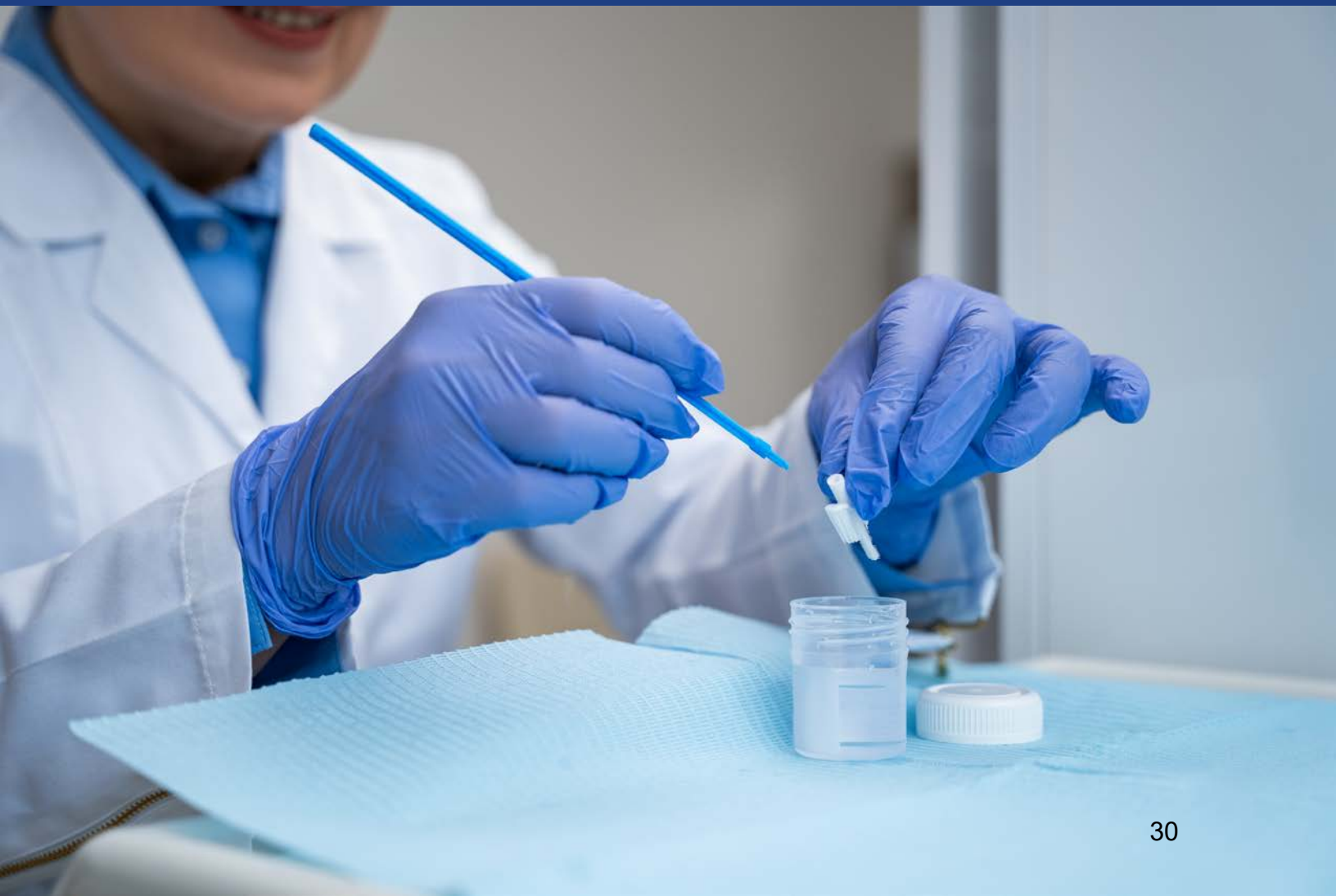
- **Ongoing linkage and engagement with key partner groups of the College, including the Ontario Government.**
- **Evolution of the CMLTO Voluntary Roster to include a mandatory Professional Portfolio for all Voluntary Roster Affiliates.**
- **Alignment of Voluntary Roster Affiliate registration and renewal process with that of CMLTO registered MLTs.**
- **Collaboration with a government relations firm to further advance the initiative.**

Updates were provided to the Board of Directors at each Board meeting throughout 2025, and included in public facing Board meeting packages, available on the CMLTO website.





Updates from CMLTO Regulatory Program Areas



Quality Assurance

Quality Assurance Committee

The Quality Assurance Committee's mandate is to ensure the quality of professional practice by developing and maintaining programs and standards to promote continuing competence amongst Registrants.

The Committee held three (3) meetings in 2025 and received updates on:

- Registrants who self-reported non-compliance with the quality assurance declarations during renewal
- Stage 1 and Stage 2 Professional Portfolio submissions
- Practice Review assessments

The Committee received presentations on:

- Orientation – Committee member roles and responsibilities, Risk-based decision-making framework
- Learning themes from the 2024 audit cycle
- Privacy, confidentiality, and security of the Quality Assurance Program (QAP)
- Quality Assurance Program updates

Reviewed and updated four (4) policies and nine (9) professional practice resources in support of the Quality Assurance Program focused on:

Quality Assurance audits

- QAC Policy 42: QAP Audit Criteria: this policy outlines the criteria for administering the QAP, ensuring transparency, fairness, and objectivity in its processes, while supporting MLTs in maintaining ongoing competence and meeting the highest standards of professional practice.

Quality Assurance

Quality Assurance Committee Cases

- **QAC Policy 45: Case Referral to the QAC**

This policy describes the circumstances under which QAP staff may refer Registrant cases to the QAC for review deliberation, particularly when a Registrant fails to comply with QAC requirements.
- **Interprofessional Collaboration (IPC) Case Study #1-8:** These case studies represent realistic professional practice scenarios that help MLTs reflect on and analyze complex issues, while supporting the development of practical skills and strategies for handling similar challenges in their roles. They use scenario-based learning to strengthen IPC knowledge and skills.
 1. Aligning laboratory practices with evolving clinical needs
 2. Streamlining laboratory processes for clinicians
 3. Implementing in-house diagnostic testing
 4. Reducing specimen integrity issues
 5. Dealing with unprofessional communication
 6. Misplaced specimen jeopardizes patient safety
 7. Helping others deliver quality laboratory services
 8. Dealing with confrontation
- **Learning Goal Development Guideline & Video:** This resource supports Registrants in actively advancing their professional practice. It includes self-reflection questions and learning goal examples to help Registrants assess their practice, identify their strengths, areas for improvement, emerging interest, and develop meaningful goals. A video has also been developed to further support Registrants in applying this guideline to their practice.

Quality Assurance

Reviewed and deliberated on four (4) Quality Assurance Cases. Registrants were directed to demonstrate their compliance with the Quality Assurance Program (QAP) by fulfilling various QA obligations. Currently, two (2) cases remain ongoing, and QAP staff will continue to support these Registrants in meeting their QAP obligations. Two (2) cases have been successfully concluded.

Stage 2 Professional Portfolio

Total # of Practising Registrants randomly selected for audit	1447	
Number / percentage of Registrants ineligible for audit (i.e., change in registration class, resignation)	47	3.2%
Total # of Practising Registrants eligible for audit	1400*	
#/% of Practising Registrants who submitted an approved Stage 2 Portfolio	1392	99.4%
#/% of Practising Registrants who did not submit their Stage 2 Portfolio	1	0.07%
# of approved submissions on first attempt	1088	77.7%
# of submissions that required edits on first attempt	311	22%

**as of April 24, 2026, the audit is on-going*

Practice Improvement Self-Assessment Module (PRISM)

2025 Topic	Delegation Concepts for MLTs
Topic Relevancy	77% of Registrants felt the topic was relevant to their practice

Quality Assurance

Practice Review

Total # of Practising Registrants randomly selected for audit	1143	
#/% of Registrants ineligible for audit (i.e., change in registration class, resignation)	4	0.3%
Total # of Practising Registrants eligible for audit	1139	
#/% of Practising Registrants who successfully completed the audit	1139	100%
#/% of Registrants who required additional attempts	10	0.8%
#/% of Registrants referred to the Quality Assurance Committee	0	0%

Competence Evaluation (CE)

CMLTO maintains a pool of **five (5)** eligible CE Assessors who complete annual requirements related to administering and reporting CE assessments. Every CE Assessor completed their annual training requirements and continued to remain competent in administering this assessment as required.

There were no CE assessments conducted in 2025.

Registration



Registration Committee

The Registration Committee reviews applications, makes orders, and provides direction regarding applications referred to by the Registrar & CEO or the Health Professions Appeal and Review Board.

The Registration Committee also develops policies and procedures to ensure that applications for assessment and other matters related to registration are dealt with in a transparent, objective, impartial, and fair manner.

The Registration Committee held three (3) regular meetings in 2025. The Committee:

- Received updates on:
 - 2024/2025 RC Case Decisions
 - 2025 Annual Registration Renewal
 - 2025 Registration Program Updates
 - 2025 CAMLPR PLA & Exam Updates

- Reviewed and approved the updated refresher course lists for:
 - Medical Laboratory Science
 - Cytology
 - Genetics
 - Institutions

Registration



Reviewed and approved eleven (11) revised policies as part of regular policy review:

- RC Policy 18 – Authorization to Practice in Prescribed Specialties.
The policy revisions reflect the specialties authorized based on the CAMLPR competency profile and assessment types (CAMLPR exam).
- RC Policy 06 – Applicants to Practice in Cytogenetics or Molecular Genetics.
This policy was rescinded and applicable information was merged into RC Policy 18.
- RC Policy 20 – Risk-based Decision-making.
The policy was merged with RC Policy 15 - Panel Decision-Making Process and now captures an overview of the decision-making process employed by the Registration Committee, which is based on the risk-based frameworks.
- RC Policy 15 – Panel Decision Making Process.
This policy was rescinded and applicable information was merged into RC Policy 20.
- RC Policy 24 – Decision Appeal Process.
The new policy outlines the appeal process for registration decisions made by the Registration Committee (RC).
- RC Policy 04 – Policy Permitting Registrar to Act on Similar Cases.
The policy updates included clearer language of the terms used, along with friendly edits.
- RC Policy 16 – Background Check of Applicants.
The policy reflects the updated definitions along with friendly edits.

Registration



- RC Policy 08 – Refresher Courses.
The policy was updated based on the results of a three-year trend analysis of refresher courses submitted by Applicants and Registrants as proof of their active engagement.
 - RC Policy 13 – Active Engagement.
Friendly amendments were made based on the regular review schedule. However, a further comprehensive review of the framework will be carried out in 2026.
 - RC Policy 14 – Active Engagement Exemption.
Friendly amendments were made based on the regular review schedule, with anticipated additional review taking place in 2026.
 - RC Policy 07 – Phlebotomy as a Specialty.
The policy incorporated additions aimed to clarify that all accredited MLT education programs in Ontario contain learning objectives and minimum competency assessments for both didactic and clinical phlebotomy knowledge.
- Reviewed and approved two (2) revised guidelines:
- Guidelines for Clinical Supervision of Students. The guidelines describe the importance of the clinical placement of medical laboratory science students and the expectations of the MLT(s) supervising them.
 - Guidelines for Supervision. The guidelines reflect many of the existing practices and information shared by regulatory bodies to their Registrants regarding the responsibilities of supervisors and those under who are under supervision.

Registration



Additionally, a Panel of the Registration Committee held eight (8) meetings in 2025 to review a total of 28 application cases:

- In one (1) application case, the Committee directed the Registrar & CEO to amend a certificate of registration to the Applicant.
- In twenty-one (21) application cases, the Committee directed the Registrar & CEO to issue a certificate of registration to the Applicants, with specified terms, conditions, and limitations.
- In six (6) application cases, the Committee directed the Registrar & CEO to refuse to issue a certificate of registration to the Applicants.

Annual Professional Liability Insurance Audit in 2025

CMLTO conducts an annual PLI audit in which randomly selected Registrants must provide proof of their coverage. The audited Registrants are notified about the audit by email and mail. The audit includes questions about a Registrant's insurance provider(s), policy number(s), and expiry date(s). Registrants have 30 days to complete and submit their audit to the CMLTO. Failure to provide proof of PLI coverage and/or failure to respond to the audit is considered professional misconduct.

The 2025 PLI audit demonstrated 100% compliance rate.

Registration

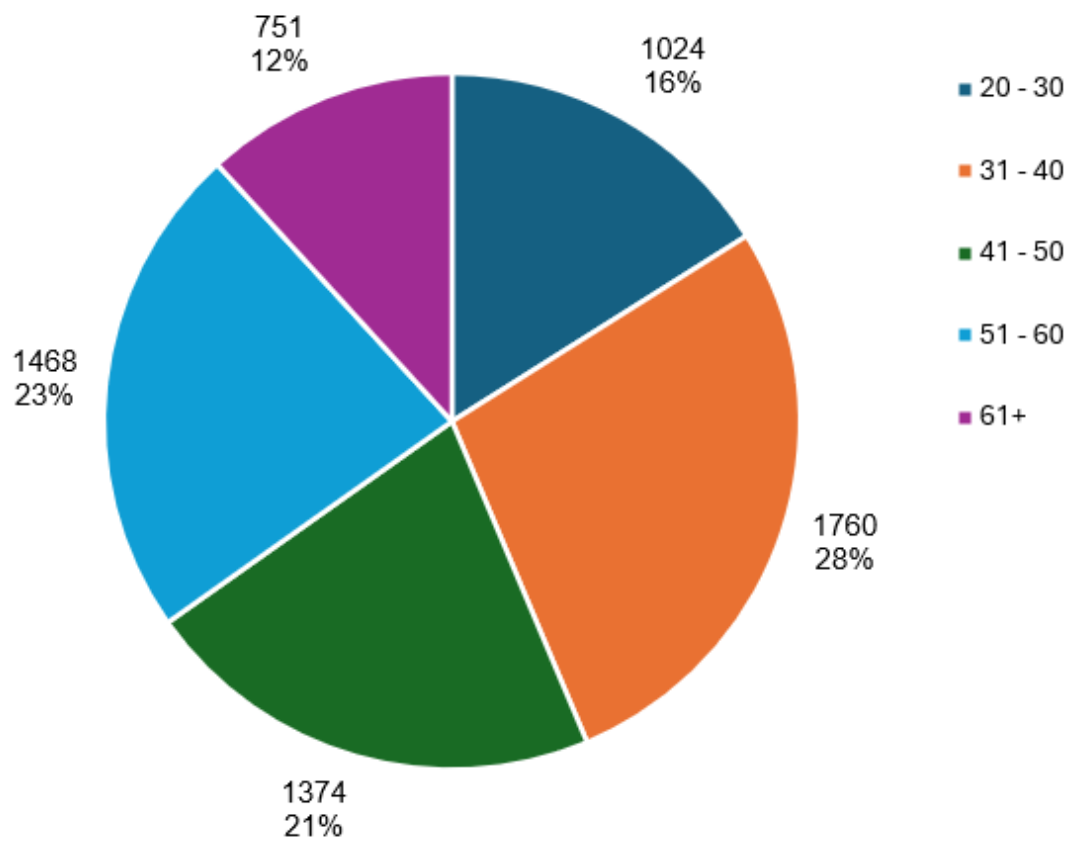
Annual Renewal Summary

The 2026 Annual Renewal was conducted through the new iMIS platform. Several improvements were made to ensure a smooth and user-friendly annual renewal site for the CMLTO Registrants.

	2021	2022	2023	2024	2025	2026
Renewed	6655 (94.8%)	6628 (95.37%)	6649 (95.96%)	6676 (96.17%)	6807 (96.57%)	6925 (96.55%)
	Practising: 6174	Practising: 6091	Practising: 6058	Practising: 6090	Practising: 6223	Practising: 6328
	Non-practising: 481	Non-practising: 537	Non-practising: 591	Non-practising: 586	Non-practising: 584	Non-practising: 597
	On-time: 97% Late: 3%	On-time: 98% Late: 2%	On-time: 98% Late: 2%	On-time: 97% Late: 3%	On-time: 98% Late: 2%	On-time: 98% Late: 2%
Resigned	265 (3.8%)	261 (3.76%)	217 (3.13%)	225 (3.24%)	191 (2.71%)	204 (2.7%)
Suspended	98 (1.4%)	59 (0.85%)	61 (0.88%)	40 (0.58%)	51 (0.72%)	43 (0.6%)
Deceased	4 (0.06%)	2 (0.03%)	2 (0.03%)	1 (0.01%)	0	1 (0.01%)
Total Renewal Notice	7022	6950	6929	6942	7049	7173

Registration

Practising MLTs by Age Group



Registration

Applicants and Registrants in 2025

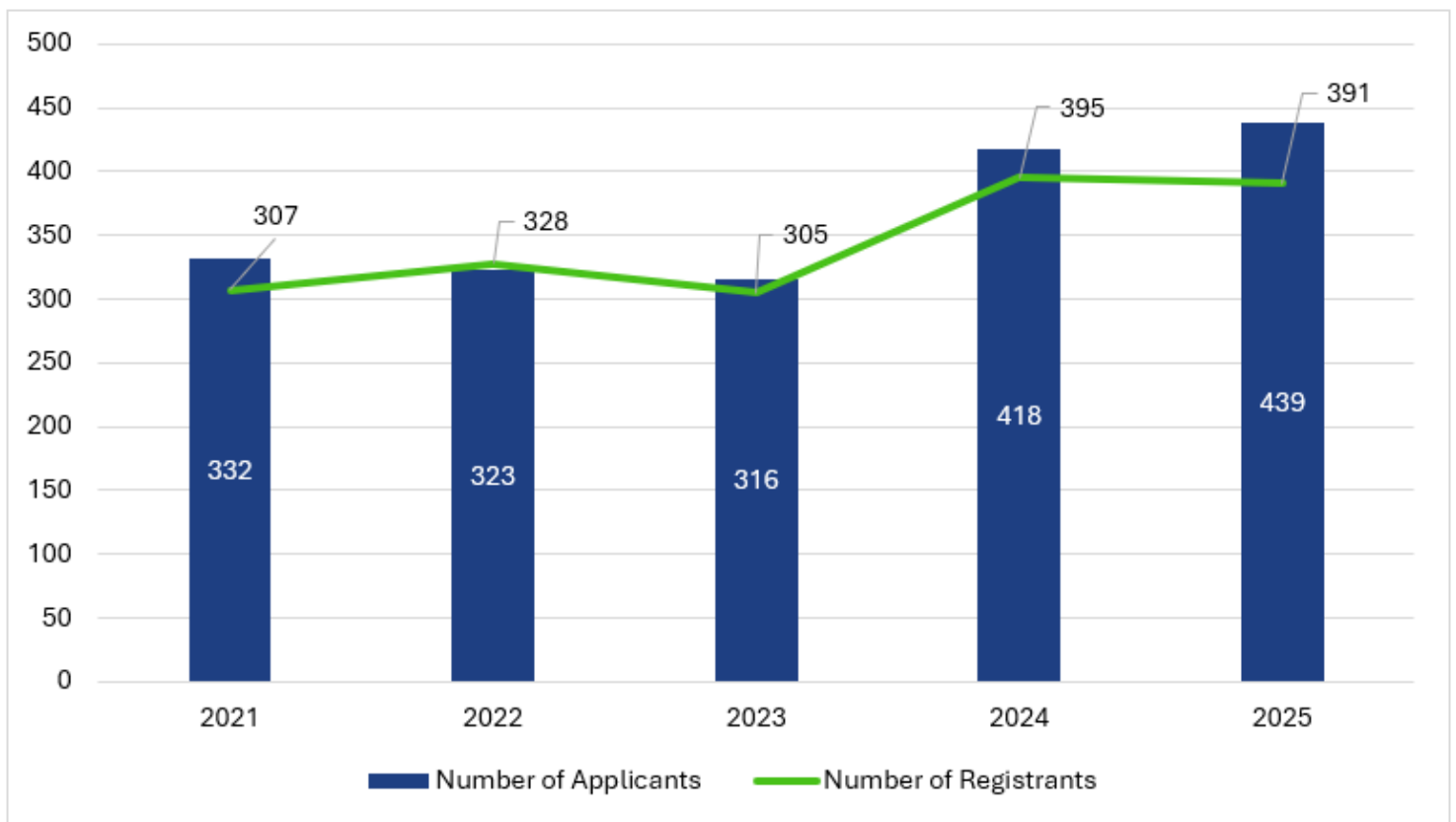
The Registration Department ensures that all applications are processed within 21 days. In 2025, the average turnaround time (from the date of complete application submission to the approval notice) was **7.12 days**.

New Registrants	2021	2022	2023	2024	2025
Canadian-educated/trained	264	258	245	294	317
Internationally educated/trained	43	70	60	101	74
Total	307	328	305	395	391

Application Type	General	Clinical Genetics	Diagnostic Cytology	Single Specialty	TOTAL
New Graduate	247	16	16	0	279
Canadian-educated	18	0	1	5	24
Labour Mobility Applicant	17	1	0	0	18
Internationally educated	63	0	1	6	70

Registration

Applicants and Registrants in 2025 (continued)



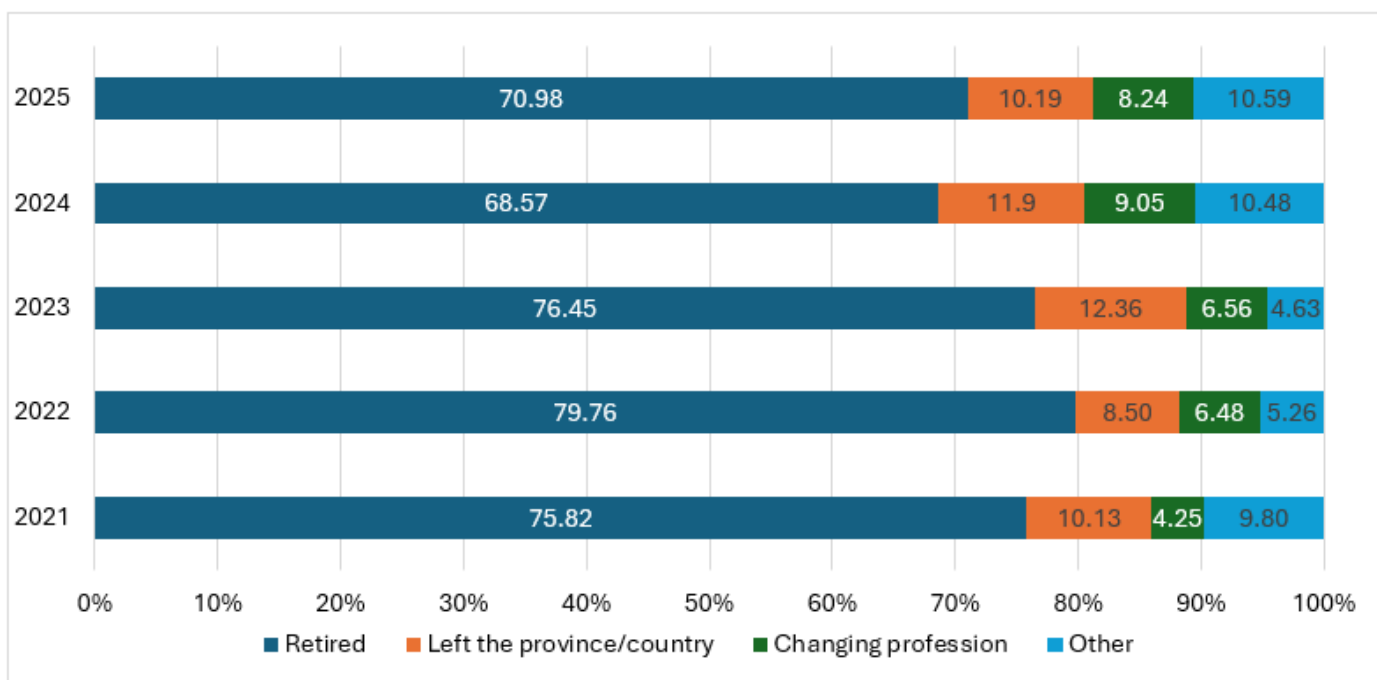
NOTE: The higher number of new registrants in 2025 is partly due to the processing of some applications that were submitted in 2024 but not completed until early 2025.

Registration

2025 Resignation Summary

Below is the number of total resignations completed throughout 2025 and during the 2026 annual renewal (November 1 – December 31, 2025).

Reason for resignation	2021	2022	2023	2024	2025
Retired	232	197	198	203	181
Left the province/country	31	21	32	25	26
Changing profession	13	16	17	19	21
Other (i.e., health, family)	30	13	12	24	27
Total	306	247	259	212	255



Professional Conduct



Inquiries, Complaints, and Reports Committee (ICRC)

The Inquiries, Complaints, and Reports Committee (ICRC) considers all complaints and investigation reports related to Registrant conduct. The Committee held eight (8) meetings in 2025 and completed the following actions:

- Received orientation on the Committee's mandate and authority under the *Regulated Health Professions Act, 1991*,
- Received presentation on the following:
 - Patient Relations Committee process on Sexual Abuse Prevention and Funding for Therapy,
 - Risk Based Decision Making Framework.
- Concluded eight (8) matters by requiring the registrants to complete a specified continuing education or remediation program (SCERP),
- Referred two (2) Registrants for Independent Medical Examinations,
- Approved the appointment of an investigator in fourteen (14) matters,
- Concluded four (4) conduct matters with reminders or no further action,
- No matters were referred to the Fitness to Practise Committee,
- Referred two (2) matters to the Discipline Committee.

Fitness to Practise Committee

The Fitness to Practise Committee holds hearings to determine if a Registrant is physically or mentally incapacitated and determines an appropriate order to be imposed. Fitness to Practise panels issue a decision and reasons in each case they hear. There was one (1) Fitness to Practise hearing in 2025.

Professional Conduct



Discipline Committee

The Discipline Committee considers allegations of professional misconduct or incompetence that are referred for a hearing and determine the penalty to be imposed. There was one (1) Discipline Committee hearing in 2025. A summary of the hearing and details are below:

Jennyfer Corneau

This matter was heard by a Panel of the Discipline Committee (the “Panel”) of the College of Medical Laboratory Technologists of Ontario (the “College”) on February 24, 2025.

Allegations

The Allegations against Jennyfer Corneau (“the Registrant”) were set out in the Notice of Hearing (“NOH”) dated July 25, 2024, and reads as follows:

At all material times the Registrant was a duly Practising Medical Laboratory Technologist Registrant in Ontario.

1. It is alleged that from in or around August 1, 2023 to in or around November 20, 2023, the Registrant accessed the health records of approximately 151 patients for reasons unrelated to her care of those patients.
2. It is also alleged that the Registrant also accessed and made modifications to the Registrant’s own health record.

Professional Conduct



Alleged Professional Misconduct

3. It is alleged that the above conduct constitutes professional misconduct pursuant to clause 51(1)(c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991*, more particularly, the following paragraphs of section 1 of Ontario Regulation 752/93 under the *Medical Laboratory Technology Act, 1991*:

Paragraph 2 (contravening a federal, provincial or territorial law, a municipal by-law or a regulation, rule or by-law of a hospital if the law, by-law, regulation or rule is relevant to the Registrant's suitability to practise, more particularly, the *Personal Health Information Protection Act, 2004*); and/or

- a. Paragraph 16 (failing to maintain the standard of practice of the profession); and/or
- b. Paragraph 20 (engaging in conduct or performing an act relevant to the practice of medical laboratory technology that, having regard to all circumstances, would reasonably be regarded by the Registrants as disgraceful, dishonourable or unprofessional)

Summary of Evidence

The Discipline Panel was provided with an Agreed Statement of Facts ("ASF") that set out as follow:

- At all material times the Registrant was a duly Practising Medical Laboratory Technologist Registrant in Ontario.

Professional Conduct



1. It is agreed that from in or around August 1, 2023, to in or around November 20, 2023, the Registrant accessed the health records of approximately 151 patients for reasons unrelated to her care of those patients.
2. It is also agreed that the Registrant also accessed and made modifications to the Registrant's own health record.

Registrant's Admission of Professional Misconduct

The ASF and Admission of Misconduct included a plea inquiry in which the Registrant stated that she understands the nature of the allegations against her, that by admitting the allegations against her, she is waiving the right to have the College prove the case against her and the right to have a hearing, that any agreement with the College about the proposed penalty does not bind the Discipline Committee, and that the Panel's decision and a summary of its reasons including reference to her name will be published in the College's annual report and will be published in the College's publication and on its website. The Registrant also stated that having had the benefit of legal advice, she was executing the ASF and Admission of Misconduct voluntarily.

The Panel also conducted an oral plea inquiry at the Hearing, and was satisfied that the Registrant's admission was voluntary, informed, and unequivocal.

Professional Conduct



The College submitted that the Registrant's admitted conduct similarly constituted a breach of the standard of practice of the profession of medical laboratory technology and conduct that Registrants of the profession would reasonably regard as disgraceful, dishonourable and unprofessional.

The Registrant admitted that she breached patient privacy and confidentiality and stated that she is remorseful for her actions.

Findings

On the basis of the Registrant's admissions of professional misconduct and the facts set out in the ASF and Admission of Professional Misconduct, and having regard to the advice of its independent counsel, the Panel concluded that there is a sufficient grounds to find that the Registrant engaged in each of the acts of professional misconduct described in the NOH and the Panel should make those findings.

Accordingly, the Panel found that the Registrant engaged in professional misconduct pursuant to Clause 51 (1)(c) of the Health Professions Procedural Code, Schedule 2 to the Regulated Health Professionals Act, 1991, and as defined in the following paragraphs of section 1 of Ontario Regulation 752/93 under the Medical Laboratory Technology Act, 1991:

- i. Paragraph 2 (contravening a federal, provincial or territorial law, a municipal by-law or a regulation, rule or by-law of a hospital if the law, by-law, regulation or rule is relevant to the Registrant's suitability to practise, more particularly, the *Personal Health Information Protection Act, 2004*); and/or

Professional Conduct



- ii. Paragraph 16 (failing to maintain the standard of practice of the profession); and/or
- iii. Paragraph 20 (engaging in conduct or performing an act relevant to the practice of medical laboratory technology that, having regard to all circumstances, would reasonably be regarded by the Registrants as disgraceful, dishonourable or unprofessional).

Penalty

The Panel was presented with a Joint Submission on Penalty and Costs. The Joint Submission was signed by the Registrant and College counsel and sets out the parties' joint proposal. The Panel accepts the Joint Submission and accordingly makes the following order:

1. The Registrant is required to appear before a Panel of the Discipline Committee immediately following the hearing of this matter to be reprimanded, with the fact of the reprimand and the text of the reprimand to appear on the public register of the College.
2. The Registrar is directed to suspend the Registrant's certificate of registration for a period of three (3) months, to commence on the date of this Order.

Professional Conduct



The Panel was therefore satisfied that accepting the Joint Submission would not be contrary to the public interest, nor would doing so bring the administration of justice into disrepute; and the Panel accepted the advice of its independent counsel, who advised us as to the governing principles and endorsed the Joint Submission as calling for a penalty order that was within the appropriate range of penalty and further, that accepting it would be in the public interest.

In light of the reasons set out above, and having given due regard to the written submissions of the parties and the documents submitted to us in support of those submissions, it was the Panel's view that it should accept the Joint Submission.

Patient Relations Committee

The Patient Relations Committee plans, implements, and monitors the CMLTO's Patient Relations program, as required by the *Regulated Health Professions Act, 1991*. The Patient Relations program includes measures for preventing the sexual abuse of patients, educational requirements for Registrants, guidelines for the conduct of Registrants with patients, and the provision of information to the public. The program provides funding for therapy and counselling for patients who allege they were sexually abused by Registrants. In 2025, the Committee:

- Received orientation on the Committee's Mandate, Statutory Framework, the CMLTO's Sexual Abuse Prevention Plan, Funding for Therapy and Counselling, and Confidentiality and Conflict of Interest.
- Received presentation on the following:
 - **Application for Funding for Therapy for Sexual Abuse:** There were no requests made for therapy or counselling in 2025.



Summary of Financial Statements



**COLLEGE OF MEDICAL LABORATORY
TECHNOLOGISTS OF ONTARIO**

SUMMARY FINANCIAL STATEMENTS

DECEMBER 31, 2025

Report of the Independent Auditor on the Summary Financial Statements

To the Board of Directors of the College of Medical Laboratory Technologists of Ontario

Opinion

The summary financial statements, which comprise the summary balance sheet as of December 31, 2025, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Medical Laboratory Technologists of Ontario (the "College") for the year ended December 31, 2025.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with the criteria described in the note to the summary financial statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of the College and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated June 17, 2026.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the criteria described in the note to the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

Welch LLP

Complete audited financial statements are available upon request from the office of the Registrar.

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO

STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2025

	<u>2025</u>	<u>2024</u>
<u>ASSETS</u>		
CURRENT ASSETS		
Cash	\$ 2,664,814	\$ 3,067,623
Investments-short term (note 3)	1,159,600	1,099,943
Other receivables	47,149	60,310
Prepaid expenses	<u>182,574</u>	<u>161,728</u>
	4,054,137	4,389,604
CAPITAL ASSETS (note 4)	40,241	95,082
INVESTMENTS - LONG TERM (note 3)	<u>1,951,458</u>	<u>1,994,997</u>
	<u>\$ 6,045,836</u>	<u>\$ 6,479,683</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities (note 5)	\$ 441,288	\$ 441,276
Current portion of deferred lease inducement (note 6)	2,071	12,360
Deferred revenue	<u>2,216,350</u>	<u>2,185,520</u>
	2,659,709	2,639,156
DEFERRED LEASE INDUCEMENT (note 6)	<u>-</u>	<u>2,071</u>
	<u>2,659,709</u>	<u>2,641,227</u>
NET ASSETS		
Operating Fund	1,275,886	1,673,374
Internally restricted:		
Invested in capital assets	40,241	95,082
Abuse Therapy Fund	60,000	60,000
Professional Conduct Fund	250,000	250,000
Contingency Fund	1,300,000	1,300,000
Strategic Challenge Fund	100,000	100,000
Fee Stabilization Fund	<u>360,000</u>	<u>360,000</u>
	<u>3,386,127</u>	<u>3,838,456</u>
	<u>\$ 6,045,836</u>	<u>\$ 6,479,683</u>

On behalf of the Board:



..... Director



..... Director

Complete audited financial statements are available upon request from the office of the Registrar.

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO

STATEMENT OF OPERATIONS

YEAR ENDED DECEMBER 31, 2025

	<u>2025</u>	<u>2024</u>
Revenue		
Membership dues	\$ 2,379,950	\$ 2,337,150
Investment income	150,329	177,575
Other income	<u>15,703</u>	<u>25,636</u>
	<u>2,545,982</u>	<u>2,540,361</u>
Expenses		
Corporate services	2,264,573	2,099,185
Board committees	326,858	193,659
Professional conduct	236,822	188,589
Amortization	54,841	101,184
Strategic development and projects	39,407	34,606
Registration	34,945	53,548
Corporate communications	28,709	29,829
Quality practice	<u>12,156</u>	<u>16,065</u>
	<u>2,998,311</u>	<u>2,716,665</u>
Excess of expenses over revenue	<u>\$ (452,329)</u>	<u>\$ (176,304)</u>

Complete audited financial statements are available upon request from the office of the Registrar.

Note to Summary Financial Statements

1. Basis of presentation

These summary financial statements have been prepared from the audited financial statements of the College of Medial Laboratory Technologists of Ontario (the "College") for the year ended December 31, 2025, on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in respect of changes in net assets and cash flows and disclosed in the notes to the audited financial statements has not been presented.

Complete audited financial statements are available upon request from the office of the Registrar.