



College of Medical
Laboratory Technologists
of Ontario

CMLTO Practising Certificate of Registration Request Form

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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 information

Registrant full name: _____

Previous name(s) *(if applicable)*: _____

CMLTO registration number : _____

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 request 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.

☐ Medical doctor	☐ Dentist	☐ Veterinarian
☐ Pharmacist	☐ Laboratory director/manager/ supervisor	☐ Chiropractor
☐ College faculty/ Postsecondary professor	☐ Senior administrator in a university/college	☐ School principal
☐ Police officer	☐ Lawyer	☐ Judge/magistrate
☐ Notary public	☐ Signing officer at a bank or trust company	☐ Chartered accountant
☐ Minister authorized under provincial law to perform marriages	☐ Chief of Indian Band	☐ 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's processing time for a certificate change is up to **10 days** once a completed request is received, including the Practising Certificate of Registration Request submitted through [Online Services Account](#) and applicable guarantor-verified documents.

Option A: Upload documents with your request

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

Option B: Email verified documents and guarantor-signed GVF

- Request the guarantor to compare the original documents and photocopies
- Have the guarantor sign each copy, fill out and sign the GVF
- Scan the full package and email to registration@cmlto.com with the statement below:

"I hereby declare that the documents submitted in support of my request are true and valid copies of the original documents, and I take responsibility for their accuracy"

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

- Scan or take a photo of your supporting documents (.jpeg or .pdf format)
- Email the supporting documentation and request form to your guarantor
- Have the guarantor verify your documents and complete the request form
- Have the guarantor email the supporting documents and completed request form to 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 registrant."

Option E: Authentic copy from the original institution

- Email the request form to registration@cmlto.com through your email and request the institution or organization to send the original support document directly to registration@cmlto.com. GVF is not required for this submission method.

If you have any questions about the changing certificate of registration process, or your request specifically, please contact the Registration staff.