



Newfoundland and Labrador Council of Health Professionals  
 209 Blackmarsh Road, St. John's NL A1E 1T1  
 709-745-7304 or 1-855-863-8616 [contact@nlchp.ca](mailto:contact@nlchp.ca) [www.nlchp.ca](http://www.nlchp.ca)

## Medical Laboratory Technologist Registration Form (Initial)

**Please Print**

**A. PERSONAL INFORMATION**

1. Name: \_\_\_\_\_ Gender:  M  F  
Last Name/First Name/Initial

Mailing: \_\_\_\_\_  
 Address Street PO Box City / Town Province Postal Code

Phone Number: Home ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Day Month Year

2. Are you a Canadian citizen?  Yes  No

If no, please provide documentation to support ability to work in Canada  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Was your training as a health professional in English?  Yes  No

If no, please provide certified documentation of completed scores in the academic International English Language Testing System (IELTS) or the Test of English as a Foreign Language (TOEFL).

If you currently document your patient records in a language other than English, please ATTACH a written plan as to how you will communicate the content of the record to the patient or other third party as required.





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**B. EMPLOYMENT INFORMATION**

1. Are you currently employed as a Medical Laboratory Technologist (MLT)?  Yes  No  
 If yes, please complete the following section:

Employer:

- Central Health Site: \_\_\_\_\_
- Eastern Health Site: \_\_\_\_\_
- Labrador-Grenfell Health Site: \_\_\_\_\_
- Western Health Site: \_\_\_\_\_
- Other, see below: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street/ PO Box City/Town Prov. Postal Code

2. Are you employed anywhere else in the profession for which you are applying?

Yes  No If yes, please complete the following section:

**Secondary Place of Employment:** \_\_\_\_\_

Address: \_\_\_\_\_  
 Street PO Box City / Town Province Postal Code

Phone Number: Work ( ) \_\_\_\_\_

Job/Position Title: \_\_\_\_\_

Number of years in this position: \_\_\_\_\_

3. Are you currently, or have you ever been, registered or licensed to practice your health profession in another jurisdiction?  Yes  No

If yes, please provide the following details:

Jurisdiction: \_\_\_\_\_ Date of Initial Registration: \_\_\_\_\_  
 Province (D/M/Y)

Currently Registered: \_\_\_\_\_ Regulatory Body: \_\_\_\_\_



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If you have been registered in more than one jurisdiction, please attach on a separate sheet the information requested in question 3.

*Please note that a letter of good standing is required from each jurisdiction in which you are currently or HAVE EVER been registered. This letter must confirm whether or not you are in good standing as well as whether or not you have ever been the subject of investigative or disciplinary proceedings and the particulars of those proceedings. Please arrange for this letter to be sent directly to the Newfoundland and Labrador Council of Health Professionals (NLCHP) Registrar from the other jurisdiction.*

**C. CONSENT TO RELEASE OF INFORMATION**

It may be necessary for the Newfoundland and Labrador Council of Health Professionals (NLCHP) to contact your employer, educational institution, regulatory body in another jurisdiction in which you are (or were) registered or other individual, company or institution, in order to confirm, clarify the information you have provided in your registration application or obtain other information that may be necessary to process and/or assess your registration application. By signing the following consent statement, you agree that the NLCHP may perform these activities. The NLCHP will not access additional information about you unless it is necessary to do so in order to process or assess your registration application. Additionally, as maintaining membership in the Newfoundland and Labrador College of Medical Laboratory Sciences (NLCMLS) is a requirement of registration, the NLCHP may be required to use information on file to confirm membership in NLCMLS.

Consent Statement:

I, \_\_\_\_\_ provide my consent to the Newfoundland and Labrador Council of Health Professionals (NLCHP) to contact any individual, company, or institution to access and/or obtain any personal information about me that the NLCHP may require to process or assess my registration application. I further provide my consent to any individual, company, or institution to release my personal information to the NLCHP in response to a request for information from the NLCHP.

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

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

Please indicate by checking Yes or No if you are willing for NLCHP to release your name and address including email address.

Institutions conducting research  Yes  No

Canadian Society of Medical Laboratory Sciences  Yes  No



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#### D. INSURANCE

The Health Professions Act requires all health professionals registered under the Act to maintain a professional liability insurance policy. Registrants must maintain professional liability for the full registration year.

Your insurer: \_\_\_\_\_

Policy number: (if applicable): \_\_\_\_\_

Date on which current policy expires: \_\_\_\_\_

Medical Laboratory Technologists

\$ 2,000,000

#### E. REGISTRATION CATEGORY

**Please complete only the registration category that applies to you:**

1. **General Status:** You have completed a two-year medical laboratory technology education program approved by the Newfoundland and Labrador College of Medical Laboratory Sciences (NLCMLS) and must have passed the certification exam of the Canadian Society of Medical Laboratory Science (CSMLS) or equivalent exam approved by the NLCMLS.
2. **General Status (Subject Registered):** Applicants must have completed medical laboratory education and are certified by the CSMLS or equivalent certification approved by the College in one or more of the following disciplines:
  - a. Clinical Chemistry
  - b. Clinical Microbiology
  - c. Hematology
  - d. Immunohematology (Blood bank)
  - e. Clinical Genetics
  - f. Diagnostic Cytotechnology
3. **General Status (Temporary):** You have completed a two-year medical laboratory technology program approved by the College and have either written the CSMLS certification examination and not yet received your results or you are currently registered to write the CSMLS certification examination or equivalent exam approved by the NLCMLS.
4. **Non-Practicing Status:** You have completed a medical laboratory technology program approved by the NLCMLS and have passed the certification exam approved by the College but you do not engage in the practice of medical laboratory technology.



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### **On-Line Jurisprudence and Personal Health Information Act (PHIA) Education Courses:**

Individuals applying for initial registration are required to complete (3) on-line education modules within 90 days prior to receipt of application. On-line modules can be accessed on the NLCHP website: [www.nlchp.ca](http://www.nlchp.ca), under Education/Resources tab.

Education modules to be completed are Jurisprudence Education for Medical Laboratory Technologists and the Newfoundland and Labrador's Personal Health Information Act (PHIA) education courses: (a) Custodian-Direct Contact with Personal Health Information and (b) Direct Contact with Personal Health Information. You are required to submit certificates of completion with your application.

*Please note this is a mandatory requirement of all initial registrations, see **Policy – Registration Process and Timelines.*** <http://www.nlchp.ca/file/547e198b1dc73Policy-Approved-Registration%20Process%20and%20Timelines-Nov%206%202014.pdf>

#### **1. GENERAL STATUS**

Educational institution attended:

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Program completed: \_\_\_\_\_

Year graduated: \_\_\_\_\_

Do you have a CSMLS Medical Laboratory Technologist Certificate or equivalent exam approved by the NLCHP?     Yes     No

Date of Issue: \_\_\_\_\_ (D/M/Y)

Did you graduate more than four (4) years ago?     Yes     No

*You are required to provide confirmation that you have practiced medical laboratory technology for at least 960 hours over the past four years. Applicants who have graduated within four years are asked to provide any work hours completed and will not be expected to have accumulated the 960 hours until four years after graduation. If you have less than the 960-hour minimum standard, you will require re-entry or refresher course(s) approved by the Newfoundland and Labrador College of Medical Laboratory Sciences (NLCMLS).*



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**Please ensure the following documents, where applicable, have been included with your application:**

- Letter from your employer confirming that you have practiced medical laboratory technology for at least 960 hours in the past four years (since 2012).
- Certified copies of CSMLS medical laboratory technologist certification certificate or equivalent.
- Certified copy of successful completion of a medical laboratory technologist program or re-entry program as approved by the NLCMLS.
- Certified copy of CSMLS membership card or certified copy of insurance certificate for proof of Professional Liability Insurance (PLI).
- If you were or had been registered/licensed to practice medical laboratory technology in another jurisdiction(s) a letter(s) of good standing is required. Please arrange for this letter(s) to be sent **DIRECTLY** to the NLCHP Registrar from the other jurisdiction(s).

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- On-line Jurisprudence and PHIA education certificates of completion.**

**2. GENERAL STATUS (SUBJECT - REGISTERED)**

Educational institution attended:

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Program completed: \_\_\_\_\_

Year program completed: \_\_\_\_\_

CSMLS subject certification granted?  Yes  No

If yes, in what subjects? \_\_\_\_\_  
 \_\_\_\_\_

- |                          |                                 |
|--------------------------|---------------------------------|
| a. Clinical Chemistry    | d. Immunoematology (Blood bank) |
| b. Clinical Microbiology | e. Clinical Genetics            |
| c. Hematology            | f. Diagnostic Cytotechnology    |

*If you graduated more than four years ago you are required to provide a letter from your employer confirming that you have practiced medical laboratory technology in each of the subject(s) for which you are certified for at least 960 hours*



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*over the past four years, or proof of successful completion of a refresher/re-entry program approved by the Newfoundland and Labrador College of Medical Laboratory Sciences (NLCMLS).*

**Please ensure the following documents, where applicable, have been included with your application:**

- Letter from your employer confirming that you have practiced medical laboratory technology for at least 960 hours in the past four years. This letter must indicate the area in which you have or are currently working to verify hours in the subject area (since 2012).
- Job description prepared and signed by the employer.
- Certified copies of CSMLS medical laboratory technologist certification or equivalent.
- Certified copy of successful completion of a medical laboratory technologist program or re-entry program as approved by the NLCMLS.
- Certified copy of CSMLS membership card or certified copy of insurance certificate for proof of professional liability insurance (PLI).
- If you were or had been registered/licensed to practice medical laboratory technology in another jurisdiction(s) a letter(s) of good standing is required. Please arrange for this letter(s) to be sent **DIRECTLY** to the NLCHP Registrar from the other jurisdiction(s):

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**3. GENERAL STATUS (TEMPORARY)**

Educational institution attended:

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Program completed: \_\_\_\_\_

Year graduated: \_\_\_\_\_

Have you written the CSMLS medical laboratory technologist certification examination or equivalent exam approved by the College?  Yes  No

If yes, on what date did you write the examination? \_\_\_\_\_  
(D/M/Y)



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If no, on what date are you scheduled to write the examination? \_\_\_\_\_  
(D/M/Y)

**Please Note:**

General Status (Temporary) registrants **MUST** be supervised / mentored as a condition of registration. Prior to commencing employment the registrant will be contacted by NLCHP. The Registrar will work with the registrant and the designated employer (if required) to confirm a practice supervisor prior to approval of your registration.

Employer: \_\_\_\_\_ Anticipated start date: \_\_\_\_\_

**Please ensure the following documents, where applicable, have been included with your application:**

- Certified copy of CSMLS membership card or certified copy of insurance certificate for proof of Professional Liability Insurance (PLI).
- Certified copy of successful completion of a medical laboratory technologist program.
- On-line Jurisprudence and PHIA education certificates of completion.**

**4. NON-PRACTICING STATUS**

Educational institution attended:

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_

Program completed: \_\_\_\_\_

Year graduated: \_\_\_\_\_

**Please ensure the following documents, where applicable, have been included with your application:**

- Certified copies of CSMLS medical laboratory technologist certification or equivalent.
- Letter from your employer confirming that you have practiced medical laboratory technology for at least 960 hours in the past four years (since 2012.)
  - Indicate the area in which you have or are currently working to verify hours in a particular subject area if applicable.





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- Certified copies of CSMLS medical laboratory technologist certification certificate or equivalent.
- Certified copy of successful completion of a medical laboratory technologist program or re-entry program as approved by the NLCMLS.
- If you are currently or have been registered/licensed to practice medical laboratory technology in another jurisdiction(s) a letter(s) of good standing is required. Please arrange for this letter(s) to be sent DIRECTLY to the NLCHP Registrar from the other jurisdiction(s).

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**F. FEES (REGISTRATION-MEMBERSHIP YEAR JANUARY 1-DECEMBER 31)**

**Newfoundland and Labrador College for Medical Laboratory Sciences (NLCMLS)**

- NLCMLS \$60.00
- NLCMLS Non-Practicing \$25.00

**Registration Fees for the NLCHP are as follows:**

- Initial processing fee \$60
- Annual Council registration fee \$350.00
- Non-Practicing registration fee \$75.00

Processing a returned (NSF) cheque \$50.00  
 Issuing a duplicate copy of any certificate or receipt \$25.00

**Make cheque or money order for both fees payable to Newfoundland and Labrador Council of Health Professionals (NLCHP)**

I have included a  cheque  money order(s) for the sum of \$\_\_\_\_\_

Payment by Credit Card for the sum of \$\_\_\_\_\_  VISA  MasterCard  
 Card Number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

I hereby authorize payment to the Newfoundland and Labrador Council of Health Professionals.  
 Signed: \_\_\_\_\_

**Applications received without payments and/or credit card information will not be processed until payment is received.**



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#### G. OTHER REQUIRED INFORMATION

Please ensure that the following documents are included with your application:

- Criminal Record Check (***dated within 90 days of application***)
- Vulnerable Sector Check (***dated within 90 days of application***)
- Certified copy of government issued photo identification (driver's license or passport)
- Cheque or money order for NLCHP fees
- Proof of professional liability insurance

#### H. DECLARATION AND SIGNATURE

*The following declaration must be completed by all applicants:*

**I hereby apply for registration under the *Health Professions Act* and I declare that the information I have provided is true and correct.**

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

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

#### **Non-Practicing Status:**

*The following declaration must also be completed by Non-Practicing applicants only:*

**I hereby confirm that I will not practice as a Medical Laboratory Technologists in Newfoundland and Labrador as long as I am registered with a Non-Practicing Status.**

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

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