



# Alberta College of Medical Laboratory Technologists

## 2012 Voluntary Initial or Re-instatement Application

### Voluntary Member Definition – Section 4.1 College Bylaws

**Medical Laboratory Assistant (MLA)**

An MLA Member shall be one who has met the requirements set by the College and who has paid the applicable fees.

**Associate Member**

An Associate Member shall be one who is not practicing as a Medical Laboratory Technologist or Medical Laboratory Assistant, and/or is not eligible for registration in any of the other categories, and who has paid the applicable fees.

**Retired Member**

A Retired Member shall be one who is no longer employed as a Medical Laboratory Technologist and an MLT Practice Permit and registration as a regulated member is not required, and who has paid the applicable fees.

**Applicants must complete all sections as applicable**

**1. PERSONAL INFORMATION:**

(Last name) \_\_\_\_\_ (First name & middle initial) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, province) \_\_\_\_\_ (Postal code) \_\_\_\_\_

(Home phone #) \_\_\_\_\_ (Work phone #) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Date of Birth:     /     /          Gender  Female  Male

*mm      dd      yyyy*

ACMLT/CSMLS #: (if applicable)

**2. EMPLOYMENT HISTORY:**

MLA applicants must have worked a total of at least 900 MLA hours in the past four years. Indicate the actual number of hours worked.

Employer:	Hours Worked in:
	2011:
	2010:
	2009:
	2008:

**3. EMPLOYMENT STATUS:** What is your current employment status? Please check ONE only

Full Time     
  Part Time     
  Casual     
 Conditions: \_\_\_\_\_

**4. DISCIPLINARY ACTION:**

Are you currently the subject of an investigation, hearing, or appeal related to unprofessional conduct under Part 4 of the *Health Professions Act* or any other enactment that regulates a profession?

No     
  Yes If yes, please attach details on a separate sheet.

Have you previously been disciplined by another regulatory body responsible for the regulation of Medical Laboratory Technologists or of another profession?

No     
  Yes If yes, please attach details on a separate sheet.

**5. CRIMINAL RECORD DECLARATION:**

*Please note this is a "Declaration" only and you are not required to obtain a criminal record check, unless requested to do so by the College.*

Have you ever pleaded guilty or have been found guilty of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside Canada for which you have not been pardoned?

No     
  Yes If yes, please attach details on a separate sheet.

Do you have a criminal record?  No       Yes If yes, please attach details on a separate sheet.

**FOR OFFICE USE ONLY:**

Received     /     /      
MM    DD    YY

Fees Processed \_\_\_\_\_

Data Verification \_\_\_\_\_

Processing Completed \_\_\_\_\_

Mailed \_\_\_\_\_

Notes: \_\_\_\_\_

Cont'd next page

**6. EDUCATION HISTORY:**

Complete below and attach copies of all relevant certificates/degrees and transcripts.

Training/Courses/Programs	Institution	Certificate/Degree	Language of Instruction	Date Completed

**7. DUES & FEES**

Select the applicable **administration fee** (check one only):

\$125 Initial Application (first time registrants)

\$100 Re-instatement Application (former members)

**+**

Add the applicable **Voluntary Annual Dues** (check one only):

\$160 MLA Member

\$160 Associate Member

\$80 New MLA Graduate applying within one year of graduation pay 50% of annual dues

\$75 Retired Member

**=**

\$ \_\_\_\_\_  
Total dollar amount included

NOTE: Voluntary membership does NOT include Professional Liability Insurance.

**8. METHOD OF PAYMENT:**

VISA    MASTERCARD    MONEY ORDER made payable to the ACMLT for \$ \_\_\_\_\_

Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Amount \$ \_\_\_\_\_ Credit Card Authorization Signature \_\_\_\_\_

NOTE: Personal cheques are not accepted.

**9. COLLEGE AUTHORITY**

Authorization for issuing Voluntary Memberships with the College is granted under the provisions of Sections 28, 29, and 33 of the *Health Professions Act*, and Sections 4.1, 4.2, 4.6, 4.7, 4.8, 4.9.2, 4.10, 4.11, 4.12, and 4.14 of the College Bylaws.

**10. APPLICANT'S SIGNATURE:**

I acknowledge I have read and understand the information classifications defined by the College, and am aware the information I provide will be used and disclosed as provided for under current legislation. I also certify the information given on this form is correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**NOTE:**

- The *Health Professions Act* and College Bylaws are subject to revision from time to time
- The College may require further information relative to any of the above responses
- If you have any questions about this form, please feel free to contact the College Office

Mail or fax the completed application to:

**ALBERTA COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS**  
301-9426 51 AVENUE NW  
EDMONTON, AB T6E 5A6

**PHONE:** 1-800-265-9351   **FAX:** 780-437-1442   **E-MAIL:** info@acmlt.org   **WEBSITE:** www.acmlt.org