

## 1.15 B Employer Verification Form

### Part A

To be completed by the applicant and sent to the current or most recent employer in which you were employed as a licensed or registered Medical Laboratory Technologist.

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

Birth Date: \_\_\_\_\_ City: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### CONSENT FOR INFORMATION TO BE RELEASED TO THE CMLPSK (SSMLT)

I hereby give consent to my past or present employer for release of information concerning my practice hours as a MLT to Saskatchewan Society of Medical Laboratory Technologists (SSMLT) operating as the College of Medical Laboratory Professionals of Saskatchewan (CMLPSK), solely for the purpose of assessment of my request for a licence renewal in Saskatchewan.

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

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

### Part B

To be completed by the employer or supervisor and returned directly to the college.

Start date of employment: \_\_\_\_\_

End date of employment (if applicable): \_\_\_\_\_

Number of hours worked in the current year and the preceding five calendar years:

20\_\_ : \_\_\_\_ hours

20\_\_ : \_\_\_\_ hours

20\_\_ : \_\_\_\_ hours

20\_\_ : \_\_\_\_ hours

20\_\_ : \_\_\_\_ hours

Name of employer/supervisor (please print): \_\_\_\_\_

Signature of employer/supervisor: \_\_\_\_\_

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

Please email your completed form to: [info@ssmlt.org](mailto:info@ssmlt.org)