



Expressions of Interest – CMLPSK Council or Committee
Terms – 3 years (2027-2029) Beginning January 2027.

Name: _____

Address: _____

Email Address: _____

Phone: _____

Terms: 3 years (2027-2029) and begins in January 2027.

Meeting Type: Most meetings are virtual by Teams. If an in-person meeting is necessary, they are scheduled on a date/time mutually agreed upon. CMLPSK pays for all meeting travel/accommodation expenses.

Continuing Professional Education credits: participation on council and committees qualifies for category 1 CPE credits for the number of meeting hours and preparation.

Submit your expression of interest for the following volunteer positions.
Select all options you are interested in.

- Council Member**
Meetings: 3 virtual meetings and one in-person (Regina or Saskatoon) meeting each year
Meeting length: Virtual meetings up to 2 hours with the in-person meeting being longer
Meeting preparation time: 1 hour per meeting
- Counselling and Investigation Committee**
Committee consists of up to 6-8 members. A panel of 3 is assigned to each complaint.
Time commitment – only if a complaint is received
Each complaint typically has 2-3 virtual meetings scheduled at the convenience of the committee panel. Each meeting is typically 1 hour or less.
Frequency – dependent on complaints received with some years requiring no investigations.
- Discipline Committee**
Committee consists of 5-7 members. A panel of 3 is assigned to each discipline hearing.
Time commitment – only required if a discipline hearing is referred to by the Counselling & Investigation committee.
Hearing time – up to 1 day
Frequency – less than 1 annually
- Professional Practice Committee**
Committee consists of 5-8 members.
Time commitment – 1-2 virtual meeting or email decisions each year, unless the Council assigns an additional project.



In lieu of a CV/Resume or letter, in your own words, describe your work experience as an MLT.

Below is a template you can use to provide two workplace references for your work as a Medical Laboratory Technologist (MLT).

Reference 1

- Name: _____
- Job Title: _____
- Organization / Laboratory: _____
- Relationship to You: _____ (e.g., Supervisor, Senior MLT, Laboratory Manager)
- Phone Number: _____
- Email Address: _____
- Length of Time Worked Together: _____

Reference 2

- Name: _____
- Job Title: _____
- Organization / Laboratory: _____
- Relationship to You: _____ (e.g., Supervisor, Senior MLT, Laboratory Manager)
- Phone Number: _____
- Email Address: _____
- Length of Time Worked Together: _____

Date: _____

Signature: _____