



SSMLT Re-entry to Practice Supervision-Verification

Member Name _____ Member ID: _____

SSMLT members that are licenced under ‘Re-entry to Practice’ policy may be required to complete a minimum number of practice hours under direct supervision of a licenced Practicing MLT as evidence of safe practice.

I, _____, employer/supervisor verify that
(Name) (circle appropriate)

_____ # of hours of successful supervised^{*} practice required by SSMLT.

Yes No Successfully completed _____ supervised Practice hours.
(leave blank if not successful)

Practice hours were obtained in the following area(s) or discipline(s):

General categories consistent with the CSMLS competency profile including but not limited to:

- Safe Work Practices
- Data and Specimen Collection and Handling
- Communication and Interaction
- Professional Practice

Practice hours were obtained in:

(check all that apply)

Chemistry Location(s): _____

Hematology Location(s): _____

Transfusions Location(s): _____

Microbiology Location(s): _____

Histology Location(s): _____

Employer/Manager signature

Signature _____ Date _____

Email Address _____

* Successful supervised practice: Supervision is intended to provide a mechanism to ensure safe, ethical and quality medical laboratory practice in the interest of public protection until such time as the Temporary registrant is able to meet all of the requirements for independent practice and be issued a Practicing licence. If a registrant can not meet the requirements or is deemed to be unsafe, the Temporary licence may be revoked.