

2025

ANNUAL

REPORT



# TABLE OF CONTENTS

## INTRODUCTION

President’s Message .....	4
Public Members’ Report 2025 .....	6
Background Information	
• CMLTA Overview .....	7
• CMLTA Council and Staff .....	8
• Structural and Functional Organization Chart .....	9
Governance .....	10
Registration of CMLTA Regulated Members .....	12
Continuing Competence Program .....	16
Complaints and Discipline .....	20
Other Activities .....	22
Financial Information .....	24

## ALBERTA LAND ACKNOWLEDGMENT

### TREATY 6 LAND ACKNOWLEDGEMENT (EDMONTON & CENTRAL)

The CMLTA acknowledges Treaty 6 territory, the ancestral and traditional territory of the Cree, Blackfoot, Nakota Sioux (“Na-ko-ta Soo”), Iroquois (“ear-uh-kwaa”), Dene (“Den-nay”), Ojibway (“Oh-jeeb-way”) / Saukteaux (“So-toh”) / Anishinaabe (“ah-neesh-ih-NAW-bay”), as well as the Métis (“May-tee”).

### TREATY 7 LAND ACKNOWLEDGMENT (CALGARY & SOUTHERN)

The CMLTA acknowledges Treaty 7 territory, the ancestral and traditional territory of the Blackfoot Confederacy: Kainai (“Gigh-nigh”), Piikani (“Beh-gun-ee”), Siksika (“Sik-sik-ah”), Tsuut’ina (“Soo-tin-ah”) and Stoney Nakoda First Nations, as well as the Métis.

### TREATY 8 LAND ACKNOWLEDGMENT (NORTHERN)

The CMLTA acknowledges Treaty 8 territory, the ancestral and traditional territory of the Cree, Dene, and Métis.

We acknowledge the many First Nations, Métis, and Inuit whose footsteps have marked these lands for generations. We are grateful for the traditional Knowledge Keepers and Elders who are still with us today, and for those who have gone before us. As an act of reconciliation and gratitude to those whose territory we reside on or are visiting, we recognize this land.

# CMLTA FOUNDATION POLICIES

## VISION

We are a recognized leader in the regulation and governance of medical laboratory professionals. As a trusted partner in healthcare regulation, we enhance public protection and patient safety, promote high standards for professional practice, and contribute to the wellness of Albertans.

## MISSION

We protect the public by regulating Medical Laboratory Technologists and fostering excellence in professional practice.

## CORE VALUES

We recognize self-regulation is a privilege, and in our endeavours to earn and retain the trust of Albertans, we act according to the following set of core values:

### Integrity

We adhere to the CMLTA’s Code of Conduct.

### Accountability

We take responsibility for our actions.

### Commitment

We are dedicated to providing excellent service.

### Respect

We treat others with fairness and dignity.

### Objective

We are fair, unbiased, and impartial in our decisions.

### Sustainability

We exercise responsible resource management.

### Openness

We are accessible, approachable, transparent, and clear in our actions.

### Innovation

We build on successful ideas, and explore and implement new ideas.

## INTRODUCTION

# PRESIDENT'S MESSAGE

The College of Medical Laboratory Technologists of Alberta (CMLTA) continued to advance its mandate throughout 2025 by strengthening regulatory excellence, maintaining productive relationships with government and key partners, and reinforcing the standards that support safe and competent medical laboratory practice in Alberta. The past year was marked by steady progress, constructive collaboration, and organizational resilience as the College navigated developments in provincial legislation, national regulatory dialogue, and workforce realities affecting the profession.

Engagement with the Government of Alberta remained a consistent priority. Throughout the year, the CMLTA participated in discussions related to labour mobility, regulatory frameworks, and emerging legislative initiatives. Meetings with the Labour Mobility Department reinforced the government's recognition of the CMLTA's commitment to competent, qualified entrants to practice and reaffirmed that no changes to existing registration processes were required. The introduction of Bill 13, the proposed Regulated Professions Neutrality Act, represented a potential shift in the regulatory landscape; the CMLTA monitored this development closely to ensure continued alignment with statutory obligations while upholding the public interest. These interactions underscore the importance of maintaining transparent, accountable relationships with government partners as regulatory expectations evolve.

The CMLTA also continued its engagement with national bodies and sector stakeholders, including the Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR), the Canadian Society for Medical Laboratory Science (CSMLS), Alberta Precision Laboratories (APL), and educational institutions. Dialogue with these organizations focused on matters such as competency alignment, exam data, national labour mobility considerations, and the continuing decision to remain with CSMLS for certification processes. This work reflects the College's ongoing commitment to ensuring that educational standards, assessment practices, and entry-to-practice pathways are rigorous, fair, and protective of the public.

Governance remained a central focus throughout 2025. Council participated in policy enhancements, strategic planning updates, and orientation sessions designed to ensure effective oversight and informed decision-making. Training initiatives for volunteers and councillors—including sessions on bias awareness, regulatory roles, and governance fundamentals—strengthened a culture of accountability and continuous learning. Access to the Canadian Centre for Diversity and Inclusion's knowledge repository further supported Council's efforts to model inclusive, equitable governance practices in alignment with regulatory best practice.

Operationally, the College continued to advance key program areas. The Continuing Competence Program audit demonstrated strong overall compliance among regulated members, while professional conduct matters were managed responsibly in accordance with legislative requirements. Council nominations and elections proceeded as scheduled, with support in place for new councillors to transition effectively into their roles. Member education remained a cornerstone of the College's mandate, supported through webinars addressing regulation, inclusivity, and upcoming sessions related to Truth and Reconciliation. Strategic communications, resource development, and relationship-building across the profession contributed to a more informed and engaged membership.

As the CMLTA looks ahead to 2026 and beyond, the organization remains focused on enhancing regulatory effectiveness, deepening collaboration with partners, and preparing for anticipated developments in provincial regulation, national competency discussions, and workforce sustainability. Priorities for the coming year include continued monitoring of legislative changes, strengthening data-informed decision-making, expanding educational opportunities for regulated members and volunteers, and advancing initiatives that support diversity, equity, inclusion, and reconciliation within the regulatory framework.

On behalf of Council, I extend appreciation to all volunteers, regulated members, partners, and staff who contributed to the College's work in 2025. Their commitment to public protection and professional excellence ensures that the CMLTA remains a strong, trusted regulatory body poised to meet the challenges and opportunities of the years ahead.

*Jessica Wiebe*

Jessica Wiebe  
2025 CMLTA President

## PUBLIC MEMBERS' REPORT 2025

As public members of the College of Medical Laboratory Technologists of Alberta (CMLTA) Council, we take our responsibility to represent Albertans' perspectives seriously. We commend the CMLTA Council for their dedication to ensuring Albertans receive competent and ethical medical laboratory services. We also extend our gratitude to the regulated members of Council for including and educating public members in this vital work.

We welcomed one new public member to Council in 2025, Aman Shah. Since Aman's orientation, where he learned more about his role on Council, Aman has effectively blended with the rest of the team and has been involved in decision-making from his very first meeting.

Council prioritized public input by involving public members in sub-committees and allocating a budget to recognize their contributions, emphasizing transparency and accountability. These actions demonstrate to us Council's commitment to ensuring the public is represented in all aspects of the CMLTA's work.

As public members, we understand and appreciate the critical role of regulation in the laboratory. Regulation ensures that medical laboratory professionals are well educated, engaged in professional development, and accountable for their practice—ultimately providing Albertans with competent, ethical laboratory services.

In 2025, the CMLTA continued work on its strategic planning initiatives by providing webinars to more than 350 regulated members. Presentations included Integrating Inclusivity with Communication, Compassion and Cooperation; MLT Regulation: An Alberta Perspective; and the Continuing Competence Program. Onboarding sessions were also provided for graduates of Alberta medical laboratory science programs.

We have full confidence in the organizational skills, communication, and capabilities of the CMLTA staff and councillors in fulfilling the organization's mandate. We extend our gratitude to the Council, staff, and regulated members for their unwavering commitment to supporting Albertans on their health journey and for their willingness to embrace our feedback and participation on the CMLTA Council.

**Domingo Chavez**

**Alissa Harding**

**Sajid Khan**

**Patricia Palechuk**

**Aman Shah** (*appointed April 2025*)

## CMLTA OVERVIEW

On March 1, 2002, the College of Medical Laboratory Technologists of Alberta (CMLTA) became the second self-regulating profession under the Health Professions Act (HPA). With the Medical Laboratory Technologists Profession Regulation and profession-specific Schedule 11 coming into force, Medical Laboratory Technologists (MLTs), or regulated members, were authorized to do one or more of the following:

- Collect and analyze biological samples, perform quality control procedures, and communicate results that have been critically evaluated to ensure accuracy and reliability;
- Teach, manage, and conduct research in the science and techniques of medical laboratory technology; and
- Provide restricted activities authorized by the regulations.

As established by the HPA, the CMLTA protects and serves the public, patients, and regulated members by overseeing and guiding the profession through the enforcement and monitoring of regulatory programs and services. The CMLTA maintains records on approximately 2,500 regulated members who work in urban and rural Alberta laboratory hospital facilities, public and private clinical institutions, and research facilities, or who teach the profession of medical laboratory science to future practitioners.

All regulated members must demonstrate and maintain specialized skills, knowledge, judgments, and attitudes to perform medical laboratory procedures in both the laboratory environment and at a patient's bedside. The CMLTA's oversight and regulatory role is one measure to ensure MLTs who conduct laboratory tests (including analysis, reporting, and interpretation), instruct the practice of medical laboratory science, or supervise other regulated members, are educated, skilled, knowledgeable, competent, and ethical practitioners.

The CMLTA's regulatory functions include:

- Enforcement of standardized entrance to practice requirements for initial and reinstatement applicants, and the annual renewal of registrations and MLT Practice Permits;
- Development, administration, and ongoing enhancement of the Continuing Competence Program (CCP), including a comprehensive and diverse MLT Competency Profile based on the CMLTA Standards of Practice and reflective of areas of professional practice, plus an annual audit process to systematically assess the integrity of the CCP and to monitor regulated members' compliance;
- Establishment and enforcement of MLT Standards of Practice, MLT Code of Ethics, policies, and guidelines; and
- Adjudication of the professional conduct and behaviour of MLTs via investigation and/or resolution of complaints of unprofessional conduct.

## INTRODUCTION

# 2025 CMLTA COUNCIL

**Jessica Wiebe**, President

**Megan Parrish**, Vice President

**Sumbo Ashcroft-Nwagwu**, Councillor

**Eugene Cheung**, Councillor

**Deanna Faist**, Councillor

**Harpreet Kaur Bawa**, Councillor

**Domingo Chavez**, Public Member

**Alissa Harding**, Public Member

**Sajid Khan**, Public Member

**Patricia Palechuk**, Public Member

**Aman Shah**, Public Member (appointed April 2025)

# 2025 CMLTA STAFF

**Maggie Fulford**,  
Executive Director/Registrar/Complaints Director

**Kirsten Ash**, Deputy Registrar

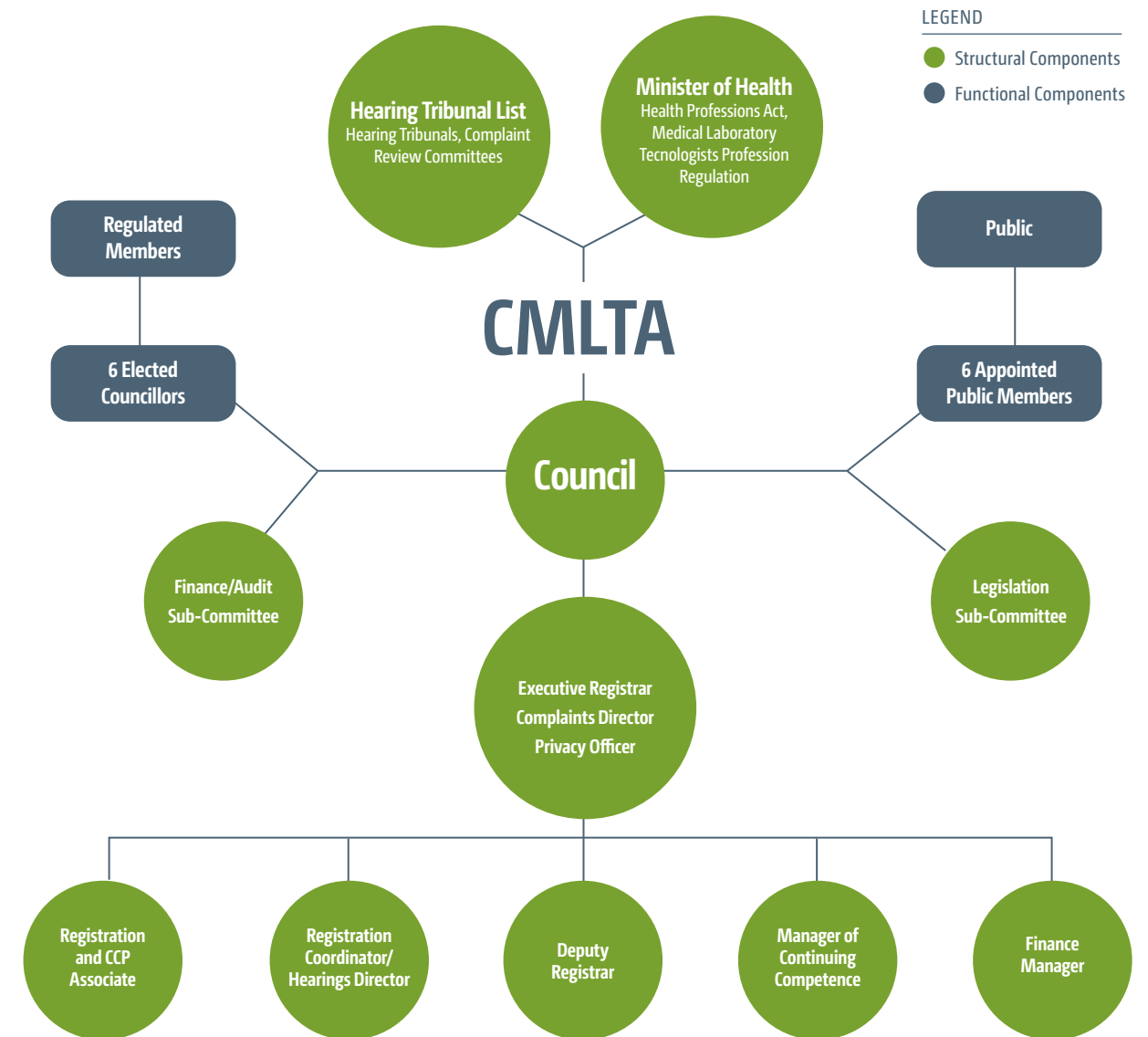
**Natasha Kasongo**, Manager of Continuing Competence

**Avaleen Petryk**, Registration Coordinator/Hearings Director

**Meron Gebremikael**, Finance Manager

**Somarly Siek**, Registration & CCP Associate

# STRUCTURAL AND FUNCTIONAL ORGANIZATION CHART



# GOVERNANCE

The CMLTA Council manages and oversees the organization's activities. Council exercises its rights, powers, duties, and privileges to ensure regulatory compliance in all areas, specifically registration, continuing competence, and the formal adjudication of complaints of unprofessional conduct. The CMLTA Council is composed of the following: six elected councillors (including the president and vice president) and six public members, appointed by the government in accordance with the Health Professions Act (HPA).

The primary purpose of the CMLTA Council is to fulfill its legislated mandate and mission through ethical, prudent, and innovative means. Specific functions are to:

- Articulate the CMLTA's vision, mission, and core values;
- Develop a viable strategic plan to achieve the vision, mission, and core values;
- Define Council's work, and how it will carry out and monitor this work;
- Support, monitor, and evaluate the Executive Director/Registrar to ensure a high level of competence and organizational performance;
- Provide effective fiscal management by ensuring financial viability of the organization is ongoing, resource utilization is aligned with the CMLTA mission and priorities, and the assets of the CMLTA are protected;
- Oversee and practice sound risk management, enforce compliance with all relevant legislation, and develop policies and systematic methods to direct the CMLTA's operations;
- Ensure the public is aware of the role of the CMLTA and represents their best interests in complaints of unprofessional conduct and matters of patient safety;
- Monitor the roles and performance of committees to ensure they execute delegated work; and
- Organize Council to ensure effective and efficient operations, including the assessment of its own performance, the development and implementation of succession plans, and the orientation and mentoring of new Council members.

The CMLTA Council has established the following committees:

- Finance/Audit Sub-Committee
- Hearing Tribunal List
- Legislation Sub-Committee

The Finance/Audit Sub-Committee is a working sub-committee of Council composed of up to eight members who may be current or previous Council members and Public members of Council. In fulfilling its financial responsibilities concerning auditing and reporting, financial policies, and financial risk management.

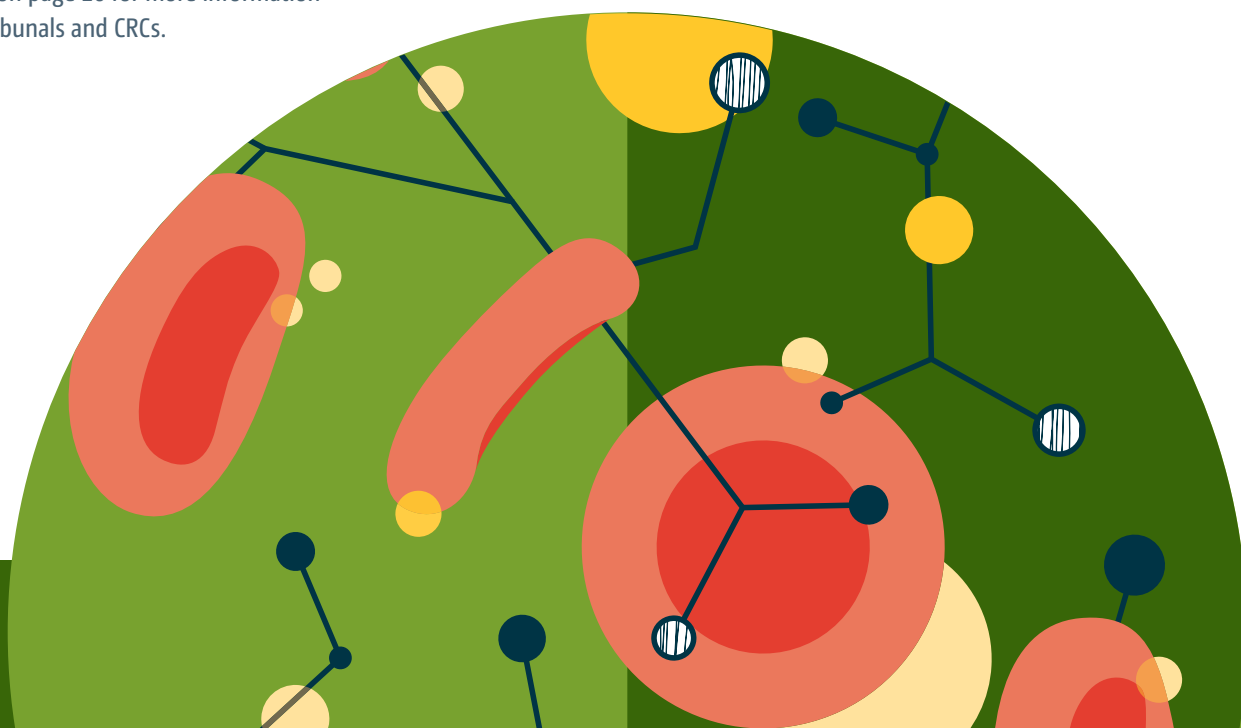
Pursuant to Section 15 of the HPA, the CMLTA Council has appointed 10 regulated members (a minimum of four is required) to the CMLTA Hearing Tribunal List (HTL). These individuals serve on Hearing Tribunals in complaints of unprofessional conduct and on Complaint Review Committees (CRC). Please refer to the Complaints and Discipline report on page 20 for more information about Hearing Tribunals and CRCs.

The Legislation Sub-Committee is a working group of the CMLTA Council, composed of up to 15 regulated members, including the president, vice president, and volunteer members at large. The purpose of this group is to:

- Review and recommend revisions (in consultation with the Executive Director/Registrar and CMLTA legal counsel) to CMLTA bylaws, policies, and documents for Council consideration and approval;
- Draft new policies, protocols, and processes as per the direction of Council;
- Align CMLTA communications with current policy; and
- Interpret the HPA and the Medical Laboratory Technologists Profession Regulation for the purpose of application and revision of policy regarding registration, continuing competence, and complaints of unprofessional conduct.

The following operational and regulatory changes occurred in 2025:

- Council continued working on initiatives from the approved 2024-2027 Strategic Plan.
- The Council maintained its contractual commitments with the Canadian Society for Medical Laboratory Science.
- Council approved new governance and regulatory policies.
- Council approved revisions to the CMLTA personnel policies.
- Council approved new Medical Laboratory Science Program Recognition and Monitoring Policy Framework.



# REGISTRATION

## Registration of CMLTA Regulated Members

Registration and a Medical Laboratory Technologist (MLT) Practice Permit are mandatory for all individuals employed as MLTs. Pursuant to Section 46 of the Health Professions Act (HPA), a person must apply for registration if they meet the requirements of section 28(2), and intend to undertake one or more of the following:

- Providing professional services directly to the public;
- Conducting laboratory tests that are used by other regulated members to provide professional services directly to the public;
- Teaching the practice of a regulated profession to regulated members or students of the regulated profession; and/or
- Supervising regulated members who provide professional services to the public.

Applicants are registered on the appropriate register as provided for in the MLT Profession Regulation, subject to any restrictions:

- General Register (hematology, chemistry, transfusion science, microbiology, histology, and individuals with conditions or restrictions on professional practice)
- Diagnostic Cytology Register
- Clinical Genetics Register (cytogenetics and molecular genetics)
- Provisional Register
- Courtesy Register

The following table summarizes register data for the past five registration years. The numbers will not add up to the total as those issued a provisional practice permit are eventually moved to either the general, diagnostic cytology, or clinical genetics register in the same year.

Description/Register	2025	2024	2023	2022	2021*
General MLT	2456	2426	2399	2431	2295
Conditional	0	0	0	0	0
Registered under section 8 of the MLT Regulation	31	31	32	37	40
Restricted to Area of Practice	9	12	12	12	27
Diagnostic Cytology	73	73	77	76	76
Clinical Genetics	59	57	55	60	50
Provisional	117	91	95	123	68
Courtesy Register	0	0	1	0	0
<b>TOTAL CMLTA MEMBERS</b>	<b>2528</b>	<b>2519</b>	<b>2566</b>	<b>2563</b>	<b>2507</b>

\* Data up to Dec. 10, 2021, as database changes were made at the end of the year.

The following table summarizes age demographic data from 2018 to 2025.

	Age 20 - 29	Age 30 - 39	Age 40 - 49	Age 50 - 54	Age 55 - 59	Age 60 - 70+
2018	14%	25%	22%	14%	13%	12%
2019	14%	24%	26%	13%	13%	10%
2020	14%	28%	23%	12%	13%	10%
2021	14%	29%	22%	11%	13%	11%
2022	10%	31%	22%	12%	14%	11%
2023	13%	31%	21%	11%	13%	11%
2024	14%	31%	22%	11%	11%	11%
2025	14%	32%	23%	11%	10%	10%

The CMLTA defines initial registration, reinstatement, and renewal as three distinct and separate application types. All can be completed and submitted online to the CMLTA.

### INITIAL REGISTRATION

The initial application collects basic personal information and demographic data required by the HPA and Alberta Health for its Provincial Provider Registry (PPR). Alberta Health extracts specific information daily to provide the government with real-time tracking of the total number of practitioners at any given time. The initial application also collects documents that authenticate formal post-secondary education and certification credentials.

### REINSTATEMENT

Any individual whose previous registration with the CMLTA has lapsed and who is seeking reinstatement of their registration and a license to practice (required for MLT employment) must submit a reinstatement application. This application collects basic personal information and demographic data required by the HPA and Alberta Health for its PPR, as well as documents that authenticate formal post-secondary education and certification credentials, ensuring all required documents are on file.

## RENEWAL

Current regulated members intending to maintain registration for the upcoming year submit renewal applications. In addition to the basic personal information and demographic data, the renewal application collects information about a regulated member's Continuing Competence Program.

Labour mobility applicants are Medical Laboratory Technologists registered in another province at the time of applying to the CMLTA. These applicants may fall under either the initial or the reinstatement application category.

The following table summarizes application data for the past five years.

Type of Application	2025	2024	2023	2022	2021
<b>Renewal</b>	2440	2434	2412	2403	2423
<b>Initial</b>	167	133	135	137	115
Alberta Trained	34	4	11	6	6
Out-of-Province Trained	9	9	10	13	11
Out-of-Country Trained	40	31	28	18	21
New Graduates from Canadian Accredited MLT Training Programs	84	89	86	100	76
<b>Reinstatement</b>	23	29	42	23	41
Alberta Trained	14	19	27	12	33
Out-of-Province Trained	6	3	11	7	2
Out-of-Country Trained	3	7	4	4	6
<b>Labour mobility</b>	16	19	19	22	4
<b>Applications Denied</b>	0	0	3	0	0
<b>Registration Application Decision Appeals to Council</b>	0	0	0	0	0

Under section 31(1) of the HPA, all applicants have a formal appeal process: "An applicant whose application for registration is accepted subject to conditions or whose registration is deferred or whose application is refused by the registrar, registration committee, or competence committee may, within 30 days after being given a copy of the decision, request a review by the council in accordance with subsection (3)."

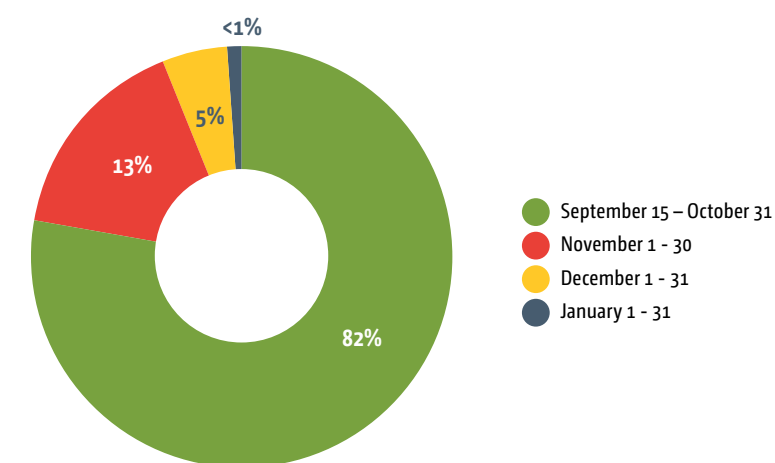
Furthermore, section 31(3) states: "A request for review must be in writing, set out the reasons why the applications for registration should be approved with or without conditions, and be given to the registrar, who must give a copy of the request to the Council."

In 2025, the CMLTA did not receive any requests for appeals, indicating fair, transparent, timely, and consistent application and registration practices.

An escalating dues and fees system helps encourage early registration and MLT Practice Permit renewal, ensuring all renewing practitioners possess a valid registration and MLT Practice Permit and can provide evidence of such to employers.

The following table summarizes the submission dates for the renewal of 2025 registration and MLT Practice Permits.

## THE SUBMISSION DATES FOR THE RENEWAL OF 2025 REGISTRATION AND MLT PRACTICE PERMITS



Registration is mandatory for all individuals practicing and/or employed as MLTs, as well as notifying the CMLTA of any changes to a regulated member's employment status (including retirement, an extended leave of absence, or professional practice departure for another reason resulting in the non-renewal of registration and an MLT Practice Permit). This reinforces the CMLTA's mandate of patient safety and public protection. The CMLTA requires the completion and submission of a Notice of Non-Practice form for all regulated members opting not to renew for the subsequent registration year.

Description	2025	2024	2023	2022	2021
Extended leave (educational, long-term disability, parental, etc.)	34	25	36	*	22
Cancelled (no communication, non-payment of annual dues)	40	21	27	*	95
Left the MLT work environment	9	30	11	*	14
Moved	16	24	16	*	30
Retired	39	63	66	*	47
Deceased	2	0	1	*	0
<b>TOTAL</b>	<b>140</b>	<b>163</b>	<b>157</b>	<b>150</b>	<b>208</b>

\*Due to changing registration systems, specific reasons for the non-renewal of the 2022 registration year cannot be obtained.

# CONTINUING COMPETENCE PROGRAM

In 2007, the CMLTA launched the Medical Laboratory Technologists' Continuing Competence Program (CCP), in compliance with Section 50 of the Health Professions Act (HPA). The College collaborated with Alberta Health and numerous Medical Laboratory Technologists (MLTs) and health professionals across the province.

The CMLTA CCP is a self-directed professional development program that allows the CMLTA to monitor ongoing knowledge, skills, judgments, and attitudes voluntarily undertaken by medical laboratory technologists (MLTs) (HPA, RSA 2000, c H-7). Along with ensuring MLTs meet standards in the provision of professional services to the public, the CCP provides benefits to the individual MLT, such as professional integrity, personal growth, career advancement, and the increased utilization and application of knowledge, skills, judgments, and attitudes in a professional capacity (HPA, RSA 2000, c H-7).

In response to regulatory, legal, and ethical expectations, the CCP has evolved to serve the public interest best; therefore, the CCP is outlined in the CCP Standard of Practice. The CCP Standard of Practice applies to all MLTs regardless of role or job title and outlines the framework, timeline, audit process, and consequences of non-compliance with the CCP. The following is the CMLTA Standard of Practice for the Continuing Competence Program:

1. All MLTs on the General, Diagnostic Cytology, Clinical Genetics, and Provisional registers must complete a self-directed continuing competence program on an annual basis that includes:
  - a. A self-assessment
  - b. A learning plan
  - c. An activity log
2. The CCP must be completed on an annual basis in accordance with the Continuing Competence Manual which is approved by the Council of the CMLTA.

3. All MLTs must complete their CCP for the current year before they can renew their practice permit for the upcoming year.
4. All MLTs must participate in an audit of their CCP when selected to do so.
5. If an audit of an MLT's CCP finds them to be in non-compliance with the requirements set out in the CCP Manual, the MLT must complete one or more of the following within a specific time period as directed:
  - a. Complete outstanding continuing competence requirements.
  - b. Complete additional learning activities.
  - c. Provide relevant information or evidence of continued learning and competence.
6. If an MLT fails to meet the requirements of section 5 of this Standard of Practice as directed or within a specific time period, the following actions may be taken as appropriate:
  - a. The MLT may be fined.
  - b. The matter may be referred to the Complaints Director as a complaint of unprofessional conduct.

MLTs must assume personal accountability in professional practice to remain as skilled, knowledgeable, and competent practitioners. Revisions to a submitted learning plan are made only when an identified learning objective can no longer be completed, due to a change in employer or area of practice, or an extenuating circumstance.

It is important to note the CCP represents the mandatory continuing education MLTs must complete annually to satisfy government-based requirements. The CCP is neither inclusive nor representative of all annual learning and professional development voluntarily undertaken by a professional practitioner or mandated by an employer.

## CONTINUING COMPETENCE PROGRAM VERSION 5

The CCP Version 5 utilizes the C.A.R.E model, which incorporates prospective and retrospective (reflective) components.

**CREATE:** MLTs reflect on their current/anticipated professional practice environment, CMLTA Standards of Practice, and Code of Ethics. They then assess and create a learning plan in an area in which they would like to advance their current knowledge, skill, judgment, and attitude.

**ACT:** Throughout the registration year, MLTs participate in various learning opportunities (some planned and some unplanned) that impact their professional practice and the public.

**REFLECT:** After participating in learning activities, MLTs reflect on the learning experience and identify key takeaways and their impacts on professional practice and service users.

**ENACT:** The goal of the CCP is for MLTs to not only identify ways to improve their professional practice but also identify and apply their knowledge, skills, judgment, and attitudes

## CCP ANNUAL COMPLIANCE AUDIT

The CCP Compliance Audit is a tool that monitors the conformance of Regulated Members and is used to review and improve the current CCP. The CMLTA randomly selects up to 20% of Regulated Members from the previous year's registration roster to participate in the audit. All those who are notified must participate in the audit, which will remain outstanding on an individual's file, restricting MLT registration and annual practice permit renewal until the individual has successfully complied with the request.

MLTs are notified by email that they have been selected for the CCP Audit. If there are extenuating circumstances preventing an individual from complying with the CCP Audit and its specified deadlines, the CMLTA must be notified immediately to avoid escalation to a potential complaint of professional misconduct.

In the initial CCP Compliance Audit notice email, the MLT will find details about the audit process. The MLT's self-assessment, learning plan, and activity log that were submitted during the previous renewal season will be reviewed as part of the audit process. If found incomplete, the CMLTA will request the MLT complete outstanding requirements, complete additional learning activities, and/or provide relevant information or evidence of continued learning and competence within a specific period of time. If the CCP audit remains incomplete after the subsequent deadline, the MLT may be fined and/or the matter may be referred to the Complaints Director as a complaint of unprofessional conduct.

Beyond a hands-on tool for monitoring CCP compliance levels, the CCP Compliance Audit process also allows the CMLTA to evaluate the CCP's structure, format, content, and requirements as part of a good governance model. The pass rate reflects the effectiveness of the CCP, so when it falls below targeted levels, the CMLTA examines audit specifics with the intent to revise, improve, or provide the necessary clarification to regulated members.

The following table summarizes Compliance Audit statistics for the Continuing Competence Program for 2018 - 2025.

Description	2025	2024	2023	2022*	2021	2020	2019	2018
Number audited	256	251	252	-	240	206	238	227
Percent audited (rounded)	10%	10%	10%	-	10%	8.5%	10%	10%
Successful audits	256 (100%)	251 (100%)	252 (100%)	-	239 (99%)	205 (99%)	234 (98%)	227 (100%)
Submitted on or before deadline	240 (94%)	233 (93%)	241 (96%)	-	232 (96%)	198 (96%)	231 (99%)	224 (99%)
Submitted after deadline	1 (<1%)	1 (<1%)	11 (4%)	-	7 (3%)	8 (4%)	3 (1%)	3 (1%)
Successful audits on initial submission	240 (94%)	234 (93%)	242 (96%)	-	236 (98%)	202 (98%)	232 (97%)	224 (98%)
Successful audits after remedial work and resubmission	15 (6%)	18 (7%)	10 (4%)	-	3 (1%)	3 (1%)	2 (<1%)	3 (1%)
Number forwarded to Complaints Director for non-compliance	0	0	0	-	0	0	0	0
Deferred** until return to MLT practice required	0	0	0	-	0	0	4	0
Cancelled audits	0	0	0	-	1	1	0	0

\* No audit due to a new member management system.

\*\* Applicable to only individuals not currently registered with the CMLTA. These individuals have been notified that prior to reinstatement of their registration, all audit requirements must be satisfied. Individuals who communicated to the CMLTA their intent to postpone submission of Compliance Audit documents until they are reinstated as a practicing MLT are not subject to penalty payments. Those who neglected to contact the CMLTA will be required to comply with CCP requirements, paying outstanding penalty payments of \$425 before reinstating their registration with the CMLTA.

# COMPLAINTS AND DISCIPLINE

Pursuant to Part 4 of the Health Professions Act (HPA), this section highlights the complaints of unprofessional conduct that the CMLTA received in 2025. It includes the current status and/or final disposition of complaints against regulated practitioners of the medical laboratory science profession.

The HPA defines unprofessional conduct, whether or not disgraceful or dishonourable, as the following:

- Displaying a lack of knowledge, skill, or judgment in the provision of professional services;
- Contravention of the HPA, a Code of Ethics, or Standards of Practice;
- Contravention of another enactment that applies to the profession;
- Representing or holding out that a person was a regulated member and in good standing while the person's registration or Practice Permit was suspended or cancelled;
- Representing or holding out that a person's registration or Practice Permit is not subject to conditions when it is, or misrepresenting the conditions;
- Failure or refusal to comply with the requirements of the Continuing Competence Program, or to cooperate with a competence committee or a person appointed under Section 11 undertaking a practice visit;
- Failure or refusal to comply with a request of or cooperate with an inspector or a direction of the registrar made under Section 53.4(3);
- Failure or refusal to comply with an agreement that is part of a ratified settlement, or to comply with a request of or cooperate with an investigator, or to undergo an examination under Section 118, or a notice to attend or a notice to produce under Part 4;
- Contravening an order under Part 4, conditions imposed on a Practice Permit or a direction under Section 118(4);
- Carrying on the practice of the regulated profession with a person who is contravening Section 98 or an order under Part 4 or conditions imposed on a Practice Permit or a direction under Section 118(4); and/or
- Conduct that harms the integrity of the regulated profession.

The number and nature of complaints of unprofessional conduct the CMLTA receives each year is unpredictable. Since coming under the HPA in 2002, the CMLTA's annual complaints have ranged from zero to 13. Complaints are primarily from employers, related to their obligation pursuant to Section 57 to notify the CMLTA of employee terminations, suspensions, or resignations in which unprofessional conduct and/or behaviour were contributing factors.

## COMPLAINTS ALLEGING SEXUAL ABUSE OR SEXUAL MISCONDUCT

Changes to the HPA that came into force on April 1, 2019, require all health profession regulators to report complaints alleging sexual abuse or sexual misconduct. The CMLTA has established a patient relations program for patients who come forward with complaints of sexual abuse or sexual misconduct, which offers patient counselling and support.

The following table summarizes complaint data for the 2025 registration year and the previous four years.

Description	2025	2024	2023	2022	2021
Files carried forward from previous years	2	4	8	3	6
New complaints received in 2024	3	5	6	13	5
Employer complaints	1	5	5	10	5
Peer complaints	2	0	1	3	0
Public complaints	0	0	0	0	0
Self-reported	0	0	0	0	0
Sexual assault	0	0	0	0	0
Sexual misconduct	0	0	0	0	0
Complaints dismissed	1	2	5	1	2
Files referred for assessment under section 118 HPA	0	0	0	0	0
Files referred to investigation	0	0	6	6	0
Files referred to hearing tribunal	0	0	1	0	0
Complaint review committee appeals	0	0	0	0	0
Files closed during the year	0	5	7	5	8

## OTHER ACTIVITIES

### ALBERTA FEDERATION OF REGULATED HEALTH PROFESSIONS

The CMLTA has been a member of the Alberta Federation of Regulated Health Professions (AFRHP) since 2005. As a voluntary, member-based organization, the AFRHP is made up of 30 regulatory healthcare colleges in the province. Independently, each college is a public body created by the government to oversee Alberta's regulated health professions and protect the public by implementing, administering, and enforcing healthcare legislation. Collectively, AFRHP members promote leading practice initiatives to foster public awareness and professional accountability of its practitioners. AFRHP members have established networks nationally and internationally, developing a communal body of shared knowledge and expertise to advance the operations of each college. Find additional information regarding the AFRHP: [www.afrhp.org](http://www.afrhp.org).

### COMMITMENT TO TRUTH AND RECONCILIATION

Over the past year, the CMLTA has remained dedicated to truth and reconciliation through educational initiatives aimed at fostering cultural awareness.

### STAFF DEI INITIATIVES

In 2025, CMLTA staff continued to build Diversity, Equity, and Inclusion (DEI) practices into all facets of our work through the DEI Committee. We believe that this practice is essential to achieving our mandate of public protection and value the unique qualities and perspectives of the public we serve, the members we regulate, and the staff we rely on to complete our regulatory work. The committee conducted a DEI environmental scan and created a comprehensive toolkit.

### ATTENDANCE AT EDUCATIONAL CONFERENCES

To ensure we keep up with the best practices in regulation, members of the CMLTA staff and Council attended annual education conferences provided by the Canadian Network of Agencies for Regulation and the Council on Licensure, Enforcement, and Regulation. The sessions provided insight into innovation and best practices in registration, continuing competence, discipline, DEI, and truth and reconciliation.

### WEBINARS

The CMLTA hosted the following webinars in 2025:

- **Integrating Inclusivity with Communication, Compassion and Cooperation** Facilitated by *Dr. Rosina Mete, Director of Faculty at Yorkville University*. Participants learned how to promote and foster inclusive practices in the workplace with examples and activities for empowerment and support. This session related to CMLTA Standard of Practice 7: Communication and Collaboration, CMLTA Standard of Practice 8: Culturally Safe Practice, and the CMLTA Code of Ethics.
- **MLT Regulation: An Alberta Perspective**  
This was an essential seminar for Medical Laboratory Technologists (MLTs) seeking clarity on their professional role and future. This webinar explored what it means to be a regulated professional, how to understand your rights and obligations, and how to navigate the intricacies of registration requirements.
- **New Continuing Competence Program (CCP)**  
CMLTA staff hosted a lunch and learn to review the new CCP and explain how to complete it as part of the annual CCP renewal season.

### PODCASTS

The CMLTA Podcast is intended to help listeners understand the regulation of MLTs in Alberta. Episodes shared in 2025 include: the Regulatory Perspective on the Medical Laboratory Assistant Role Expansion, Complaints Uncovered, Council 101: Informing Your Vote, Answering FAQs about CAMLPR Exams and Regulation, CMLTA DEI Committee Initiatives, and Provisional Practice Permits.

The CMLTA Podcast can be found [here](#).

2025

# FINANCIAL STATEMENTS

Ended December 31, 2025

# INDEPENDENT AUDITOR'S REPORT

*To the Members of College of Medical Laboratory Technologists of Alberta*

## OPINION

We have audited the financial statements of College of Medical Laboratory Technologists of Alberta (the "College"), which comprise the statement of financial position as at December 31, 2025, and the statements of revenues and expenses, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2025, and the results of its operations and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO).

## BASIS FOR OPINION

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## RESPONSIBILITIES OF MANAGEMENT AND THOSE CHARGED WITH GOVERNANCE FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of the financial statements in accordance with ASNPO, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

## AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Edmonton, Alberta  
March 21, 2026

Bruce MS Mahon Professional Corporation  
Chartered Professional Accountants

## STATEMENT OF FINANCIAL POSITION

### YEAR ENDED DECEMBER 31, 2025

	2025	2024
<b>ASSETS</b>		
Current		
Cash	\$ 1,037,143	\$ 769,781
Prepaid Expenses	\$ 34,070	\$ 30,702
	\$ 1,071,213	\$ 800,438
INVESTMENTS (Note 3)	\$ 4,878,539	\$ 5,130,041
EQUIPMENT (Note 4)	\$ 37,563	\$ 47,294
	\$ 5,987,315	\$ 5,977,818
<b>LIABILITIES AND NET ASSETS</b>		
Current		
Accounts payable and accrued liabilities	\$ 36,172	\$43,093
Wages payable	\$ 33,999	\$50,770
Deferred membership fees (Note 5)	\$ 971,300	\$942,500
	\$ 1,041,471	\$1,036,362
Net Assets		
Unrestricted	\$ 1,098,281	\$1,084,161
Invested in equipment	\$ 37,563	\$47,294
Internally restricted (Note 6)	\$ 3,810,000	\$3,810,000
	\$ 4,945,844	\$4,941,455
	\$ 5,987,315	\$5,977,818

### COMMITMENTS (Note 7)

ON BEHALF OF COUNCIL

Signed by:

**Megan Parrish**, 2026 President

**Domingo Chavez**, Public Member

## STATEMENT OF REVENUES AND EXPENSES

### YEAR ENDED DECEMBER 31, 2025

	2025	2024
<b>REVENUE</b>		
Membership and administration fees	\$ 1,017,013	\$ 1,012,125
Investment income	\$ 214,397	\$ 234,935
	\$ 1,231,410	\$ 1,247,060
<b>EXPENSES</b>		
Salaries and benefits	\$ 650,020	\$ 679,755
Rent	\$ 132,209	\$ 132,409
Stakeholder and public engagement	\$ 84,151	\$ 60,689
Computer and website	\$ 77,147	\$ 75,037
Governance	\$ 55,020	\$ 66,142
Staff education	\$ 28,530	\$ 30,231
Continuing competence	\$ 28,482	\$ 27,326
Consulting fees	\$ 24,864	\$ 31,423
Office	\$ 23,490	\$ 32,167
Bank and credit card charges	\$ 23,075	\$ 22,650
Conduct	\$ 21,671	\$ 48,810
Insurance	\$ 21,169	\$ 21,892
Professional fees	\$ 21,060	\$ 24,670
Amortization	\$ 14,975	\$ 26,044
Publications	\$ 9,717	\$ 9,284
Postage and copying	\$ 6,045	\$ 6,619
Telephone	\$ 5,396	\$ 4,164
	\$ 1,227,021	\$ 1,299,312
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	\$ 4,389	(\$ 52,252)

## STATEMENT OF CHANGES IN NET ASSETS

### YEAR ENDED DECEMBER 31, 2025

	UNRESTRICTED	INVESTED IN EQUIPMENT	INTERNALLY RESTRICTED (NOTE 6)	2025	2024
<b>Balance at beginning of the year</b>	\$ 1,084,161	\$ 47,294	\$ 3,810,000	\$ 4,941,455	\$ 4,993,707
Excess of revenue (expenses) for the year	\$ 19,364	(\$ 14,975)	-	\$ 4,389	(\$ 52,252)
Purchase of equipment	(\$ 5,244)	\$ 5,244	-	-	-
<b>Balance at end of the year</b>	\$ 1,098,281	\$ 37,563	\$ 3,810,000	\$ 4,945,844	\$ 4,941,455

## STATEMENT OF CASH FLOWS

### YEAR ENDED DECEMBER 31, 2025

	2025	2024
<b>OPERATING ACTIVITIES</b>		
Excess (Deficiency) of revenue over expenses	\$ 4,389	(\$ 52,252)
Items not affecting cash:		
Amortization	\$ 14,975	\$ 26,044
	\$ 19,364	(\$ 26,208)
Changes in non-cash working capital:		
Accounts payable and accrued liabilities	(\$ 6,921)	(\$ 2,152)
Deferred membership fees	\$ 28,800	\$ 725
Prepaid expenses	(\$ 3,368)	\$ 4,194
Wages payable	(\$ 16,771)	(\$ 9,343)
	\$ 1,740	(\$ 6,576)
Cash flow from (used by) operating activities	\$ 21,104	(\$ 32,784)
<b>INVESTING ACTIVITIES</b>		
Purchase of equipment	(\$ 5,244)	-
Net sale of investments	\$ 251,502	\$ 71,735
Cash flow from investing activities	\$ 246,258	\$ 71,735
<b>INCREASE IN CASH FLOW</b>	\$ 267,362	\$ 38,951
Cash - beginning of year	\$ 769,781	\$ 730,830
<b>CASH - END OF YEAR</b>	\$ 1,037,143	\$ 769,781

# NOTES TO FINANCIAL STATEMENTS

## 1. PURPOSE OF THE COLLEGE

The College of Medical Laboratory Technologists of Alberta (the “College”) is constituted under the Health Professions Act. The College is a not-for-profit organization and accordingly, is exempt from payment of income taxes.

The College regulates the practice of medical laboratory technology in a manner that protects and serves the public interest. In fulfilling this role, the College establishes, maintains, and enforces standards for registration and continuing competence, standards of practice and a code of ethics for the profession and investigates and acts on complaints.

## 2. SIGNIFICANT ACCOUNTING POLICIES

### Basis of presentation

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations. The significant accounting policies are as follows:

### Revenue recognition

Membership revenue is recognized in the year to which the membership fees relate. Administration fees are recognized in the year to which the related service is provided.

Investment income is recognized as it is earned.

Conduct recoveries and other revenue are recognized when the amount is established and collection is reasonably assured.

### Cash and cash equivalents

Cash and cash equivalents consist of cash balances with banks.

### Investments

Guaranteed investment certificates and term deposits are stated at the purchase amount plus accrued interest.

### Equipment

Equipment is stated at cost or deemed cost less accumulated amortization and is amortized over its estimated useful life on a declining balance basis at the following rates:

Office equipment . . . . .	20%
Computer equipment . . . . .	30%
Information systems . . . . .	30%

The College regularly reviews its equipment to eliminate obsolete items.

Equipment acquired during the year but not placed into use are not amortized until they are placed into use.

### Financial instruments policy

The College initially measures its financial assets and liabilities at fair value. Subsequent measurement is at amortized cost.

Financial assets measured at amortized cost consist of cash, accounts and long term investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities, and wages payable.

Financial assets measured at amortized cost are tested for impairment when there are indicators of impairment. The amount of write-down is recognized in net income. Any previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account, provided it is no greater than the amount of impairment recognized previously. The amount of the reversal is recognized in net income.

### Use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are reviewed annually and adjustments are made to income as appropriate in the year they become known. Significant items subject to such estimates include the estimated lives of capital equipment. Actual results could differ from these estimates. Significant items subject to such estimates include the estimated lives of capital equipment. Actual results could differ from these estimates.

### Comparative figures

Certain comparative amounts have been reclassified to conform to the current year’s presentation.

## 3. INVESTMENTS

	2025	2024
Guaranteed investment certificates with interest rates ranging from 2.75% to 5.00% (2024 - 1.42% to 5.50%), maturing between October 2026 and December 2028 (2024 - January 2025 and December 2028).	\$ 4,628,962	\$ 4,841,590
Canadian mutual funds	\$ 22,873	\$ 5,709
Accrued interest receivable	\$ 226,704	\$ 282,742
	\$ 4,878,539	\$ 5,130,041

The cost of the investments plus accrued interest receivable approximates their market value.

## 4. EQUIPMENT

	COST	ACCUMULATED AMORTIZATION	2025 NET BOOK VALUE	2024 NET BOOK VALUE
Computer equipment	\$ 64,234	\$ 44,733	\$ 19,501	\$21,492
Information systems	\$ 61,950	\$ 43,888	\$ 18,062	\$25,802
Office equipment	\$ 69,584	\$ 69,584	-	-
	\$ 195,768	\$ 158,205	\$ 37,563	\$47,294

Amortization of equipment provided in the current year totaled \$14,975 (2024 - \$26,044).

## 5. DEFERRED MEMBERSHIP FEES

The prior year deferred membership fees of \$942,500 have been included in the 2025 membership income on the Statement of Revenues and Expenses. The College collected \$971,300 of deferred membership fees during fiscal 2025 which will be included in the 2026 membership income.

## NOTES TO FINANCIAL STATEMENTS

### 6. INTERNALLY RESTRICTED ASSETS

The following funds have been established by Council for the purposes stated below. The funds in all internally restricted accounts can only be expended upon approval by Council.

The Unrestricted reserve accounts for the College's operations and administrative activities. The College's accumulated surpluses and deficits from year to year are added to and subtracted from the Unrestricted reserve.

The Invested in Equipment reserve reports the assets, liabilities, revenue and expenses related to the College's equipment. Amortization expense and losses on disposals of equipment are subtracted from this fund. Equipment purchases in the year are transferred to this fund from the Unrestricted reserve.

The Operating reserve is established to provide for continued operations for eighteen months if there are unexpected interruptions in cash flow or unexpected expenses.

The Conduct Contingency reserve is intended to provide funds to cover the cost of discipline issues including appeals above the amount in the annual operating budget.

The Capital Asset reserve may be used to cover the cost of any future capital asset purchases.

The Special Legal reserve will provide funds to meet the cost of any legal issues not covered by insurance.

The Patient Relations Program reserve was created to ensure the College can fund the requirement to pay for treatment and counselling for patients who have experienced sexual abuse or sexual misconduct by members.

	2025	2024
Operating reserve	\$ 2,000,000	\$ 2,000,000
Conduct Contingency reserve	\$ 250,000	\$ 250,000
Capital Asset reserve	\$ 1,000,000	\$ 1,000,000
Special Legal reserve	\$ 500,000	\$ 500,000
Patient Relations Program reserve	\$ 60,000	\$ 60,000
	\$ 3,810,000	\$ 3,810,000

*During the current and prior year, the College did not use or transfer any funds from the internally restricted net asset accounts.*

### 7. COMMITMENTS

The College has an operating lease with respect to its office premises which expires July 31, 2030. The premises lease provides for payment of utilities, property taxes and maintenance costs. There are also various software commitments for 2026. Future estimated contractual payments as at December 31, 2025, are as follows:

2026	\$ 157,061
2027	\$ 135,917
2028	\$ 135,917
2029	\$ 135,917
2030	\$ 79,285
	\$644,097

### 8. FINANCIAL INSTRUMENTS

The College is exposed to risk on certain financial instruments as follows:

#### (a) Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency rate risk, interest rate risk and other price risk. The College is mainly exposed to interest rate risk.

#### (b) Interest rate risk

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. The College is exposed to interest rate risk primarily through its fixed-rate investments. The College manages this exposure through its investment policies and procedures.

#### (c) Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The College is exposed to this risk mainly in respect of its accounts payable and accrued liabilities and wages payable. The College considers that it has sufficient funds available to meet current and long-term financial needs.

Unless otherwise noted, it is management's opinion that the College is not exposed to significant other price risks arising from these financial instruments.



**COLLEGE OF MEDICAL LABORATORY  
TECHNOLOGISTS OF ALBERTA**

301-9426 51 Avenue NW  
Edmonton, AB T6E 5A6

P: 780-435-5452  
TF: 1-800-265-9351

F: 780-437-1442

[cmlta@cmlta.org](mailto:cmlta@cmlta.org) | [cmlta.org](http://cmlta.org)

**CMLTA** COLLEGE OF  
MEDICAL LABORATORY  
TECHNOLOGISTS  
OF ALBERTA