

Canadian Society for Medical Laboratory Science Société canadienne de science de laboratoire médical

# ASSOCIATE NON-CERTIFIED MEMBERSHIP with Professional Liability Insurance (PLI)

## Eligibility:

An Associate Non-Certified member with PLI shall be one who is currently engaged in the practice of medical laboratory technology in Canada, who does not qualify for certified membership, but who:

- in a Regulated Province is licensed or registered as a medical laboratory technologist under a provincial statute;
- in a non-regulated province has a minimum of two years current working experience as a medical laboratory technologist in Canada and holds a relevant university degree from a Canadian university or equivalent (degree acceptance/equivalency to be assessed)
- purchases Professional Liability Insurance through CSMLS' Insurance Broker at a rate established by the Insurance Company

| Schedule of Benefits     |                            |                         |  |  |               |  |
|--------------------------|----------------------------|-------------------------|--|--|---------------|--|
| Subscription<br>to CJMLS | Member Discount<br>Program | Members Only<br>Website | Member Discounts<br>on CE Courses and<br>LABCON Fees | Member Discount on<br>Certification Exam | Voting Rights |  |
| Yes                      | Yes                        | Yes                     | Yes  | Yes*                                     | No            |  |

\*Excluding Non-Residents of Canada

Members in the Associate Non-Certified category are **not automatically eligible** to write the CSMLS Certification Exam. If you are an internationally educated medical laboratory technologist and you want to write the exam, you must apply for the CSMLS Prior Learning Assessment. The assessment will tell you if your experience is equivalent to the Canadian standard. For more information, visit our website

at: http://www.csmls.org/Certification/Certification-Process/IEMLT.aspx

Once you have successfully completed the certification exam, you must change your membership status. We will give you more information at that time.



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# Associate Non-Certified (PLI) Membership Application Form

| □ Miss       |         | □ Mrs  | □ Ms   | □ Mr   | Former Nan  | ne(s):  |  |          |
|--------------|---------|--|--|--|---|---|--|----------|
|              | Last Na | ame (please prir   | it above)  |  | First Name  |   | Middle Initial   | <u>.</u> |
|              | Addres  | S  |  | City   | Province  | Post  | al Code  |          |
|              | Teleph  | one No.  |  |  | Ema   | ail   |  |          |
|              | Place c | f Employmei  | ר (please print abov   | re)  |   |   |  |          |
|              | Busine  | ss Address   |  | Cit  | ty Prov   | vince   | Postal Code  |          |
|              | Busine  | ss Telephone   | No.  |  | Business Fax  | x No.   |  |          |
| <u>CHECK</u> |         | I am a Prior<br>I am registe<br>I will be wor<br>Scope of Pra<br>Laboratory T<br>medical labo<br>according to<br>Clinical chem<br>Diagnostic cy<br>Hematology<br>Transfusion s | Learning Asses<br>red or licenced<br>rking within the<br>ctice is defined a<br>echnologist or a<br>ratory technolog<br>the professional<br>histry<br>rtology | sment client.<br>in a regulated p<br>e scope of practic<br>s: Those services r<br>n Instructor of Me<br>gy. This shall includ<br>training and licen<br>Clinical mice<br>Electron mi<br>Histotechno<br>Virology | rendered while actin<br>dical Laboratory Te<br>de the practice in or<br>sure or certification<br>robiology<br>croscopy<br>blogy | lo<br>edical La<br>ng within<br>chnology<br>ne or mor<br>n of the in<br>Clini-<br>Imm<br>Para<br>Spec | boratory Technologist.<br>the scope of your duties as Medica<br>and customary to the practice of<br>e of the following laboratory discip<br>sured.<br>cal genetics<br>unology<br>sitology<br>imen collection | olines   |
|              |         |  |  |  |   |   |  |          |
|              |         |  |  | -  |   |   |  |          |



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### Associate Non-Certified Membership Application Form

□ I am in an unregulated jurisdiction: proof of 2 year work experience and relevant degree required. A letter, (on official letterhead, from your Director or Technical Supervisor), confirming your employment and outlining your present duties, responsibilities, and **scope of practice** must be submitted. A copy of your degree must be submitted.

#### **Applicant's Statement:**

ENCON Application completed and enclosed.

- I understand that my application is subject to approval.
  Insurance Coverage will begin subsequent to such approval.
  Approval may take up to 5 business days.
- □ I understand that acceptance of my associate non-certified membership application does not mean I am eligible to write the CSMLS Certification Exam.

| Date | Name (please Print) | Signature | CSMLS ID#       |
|------|---------------------|-----------|-----------------|
|      |                     |           | (if applicable) |
|      |                     |           |                 |

**<u>Fees</u>** must accompany this application form.

#### Memberships are from January to December:

| MEMBERSHIP FEE (with PLI) | Membership Fee:<br>PLI fee: |                          | \$118.00<br>\$500.00 |  |
|---------------------------|-----------------------------|--------------------------|----------------------|--|
|                           | Provincial Tax:             | ON \$40.00<br>QC \$45.00 | \$                   |  |
|                           | Total                       |                          | \$                   |  |

## **Payment**

| 🗆 Cheque       | □ Money Order | □ MasterCard | 🗆 Visa | American Express |  |
|----------------|---------------|--------------|--------|------------------|--|
| Credit Card: _ |               | /            | /      |                  |  |
| Expiry Date: _ |               |              |        |                  |  |
| Signature:     |               |              |        |                  |  |