

**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 to CJMLS	Member Discount Program	Members Only Website	Member Discounts on CE Courses and LABCON Fees	Member Discount on 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.



**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)
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**Fees** must accompany this application form.

**Memberships are from January to December:**

<input type="checkbox"/> <b>MEMBERSHIP FEE (with PLI)</b>	Membership Fee: \$118.00 PLI fee: \$500.00 Provincial Tax: ON \$40.00 QC \$45.00 Total	\$118.00 \$500.00 \$ _____ \$ _____
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**Payment**

<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
Credit Card: _____/_____/_____/_____				
Expiry Date: _____/_____				
Signature: _____				