



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 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.



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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)

Fees must accompany this application form.

This is an annual membership that will expire December 31 each year. Membership fees are not prorated.

<input type="checkbox"/> MEMBERSHIP FEE (with PLI)	Membership Fee:		\$122.00
	PLI fee:		\$500.00
	Provincial Tax:	ON \$40.00	\$ _____
		QC \$45.00	\$ _____
	Total		\$ _____

Payment

Cheque Money Order MasterCard Visa American Express

Credit Card: _____/_____/_____

Expiry Date: _____/_____

Signature: _____

Cardholder Name: _____



ENCON Group Inc.
500-1400 Blair Place
Ottawa, Ontario K1J 9B8
Telephone 613-786-2000
Facsimile 613-786-2001
Toll Free 800-267-6684
www.encon.ca

Application

Errors and Omissions Insurance

ENCON Group Inc.
700-350 Albert Street
Ottawa, Ontario K1R 1A4
Telephone 613-786-2000
Facsimile 613-786-2001
Toll Free 800-267-6684
www.encon.ca

1. Name of Applicant:
2. Address:
3. (a) In the past, has the Applicant or any of his/her employees ever been the recipient of any allegations of professional negligence in writing or verbally? YES NO
- (b) Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES NO

If yes, please attach details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact privacy-officer@encon.ca.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Signature of Applicant

Date