

## Learning Plan Extension Request

CSMLS ID#: \_\_\_\_\_

Name: \_\_\_\_\_  
First Last Middle (Optional) Former Name (if applicable)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**I am requesting a ONE-TIME Learning Plan extension for:** (please check one)

- PLA Learning Plan requirements      Extension requested to (date): \_\_\_\_\_
- Exam Learning Plan requirements      Extension requested to (date): \_\_\_\_\_

**My request is based on the following circumstances:** (please check one)

- Medical, Personal (Additional CSMLS form required)       Religious
- Death or Funeral (Death Certificate, as applicable)       Other

Please describe in detail the reason for your request: (attach supporting documentation)

NOTE: Routine pregnancies, family obligations, and financial hardship are not adequate reasons for a PLA extension.

\_\_\_\_\_  
 \_\_\_\_\_

**Applicant Statement:**

I declare the following:

- I have enclosed the **non-refundable** fee of: (please circle one)

MLT		MLA	
Member	Non-member	Member	Non-member
\$160	\$215	\$100	\$135

- I have included the documentation to support my request, if required;
- I understand that all requests are subject to approval and may be denied;
- I understand that approval is based on individual circumstances and may be granted up to a **maximum** of 1 year.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

<p><b>Payments originating from Nigerian credit cards or accounts will not be accepted</b></p> <p><input type="checkbox"/> Cheque   <input type="checkbox"/> Money Order   <input type="checkbox"/> Master Card   <input type="checkbox"/> Visa   <input type="checkbox"/> AMEX</p>	<b>CSMLS USE ONLY</b>
Credit Card #:	Date Received:
Exp. Date:	
Extension: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	

Payments must be in Canadian funds. Acceptable forms of payment are Visa, MasterCard, American Express, Canadian cheque or Canadian money order. Make your cheque or money order payable to the Canadian Society for Medical Laboratory Science, or CSMLS. If your payment is returned to us for insufficient funds, you will be charged a \$25.00 NSF fee.