

Application for Verification of CSMLS Credentials and/or VISA Screens

Mr. Miss Mrs. Ms. CSMLS ID # _____

Name: _____
 First Last Middle Initial Former Name (if applicable)

Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Telephone: _____ Email: _____

The fee for this service is \$50 for members and \$75 for non-members. Payment must be included with this application form.

- **Regulatory Bodies** – CSMLS will send an official tamped letter verifying your CSMLS certification credentials directly to the Regulatory Body of your choice on your behalf
- **Visa Screening Agencies** – CSMLS will send the visa form you supply and an official stamped letter verifying your CSMLS certification credentials directly to the agency of your choice on your behalf
- **Other** – CSMLS will send an official stamped letter verifying your CSMLS certification credentials to the location of your choice

Note: CSMLS is not a licensing body or regulatory agency. We do not keep records regarding complains or disciplinary action. We do not keep records of date of birth. We not complete validation forms requesting licensing, diploma or registration information as it does not apply. All credential verifications are sent by regular post only.

This service is only available for individuals who have written and passed a CSMLS certification examination.

Send the completed application form and payment by mail, fax or email to:

Canadian Society for Medical Laboratory Science (CSMLS)
33 Wellington Street North
Hamilton, ON L8R 1M7

T: (905) 528 – 8642 / 1 (800) 263 – 8277 | **F:** (905) 528 – 4968 | **E:** edytheb@csmls.org

csmls.org
scslm.org

CSMLS ID #: _____

Please provide the following information (if available):

Type of CSMLS Certification

1. Achieved _____ Date: _____

Type of CSMLS Certification

2. Achieved _____ Date: _____

Type of CSMLS Certification

3. Achieved _____ Date: _____

Where would you like your documents sent:

Name: _____

Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

I have enclosed an additional \$50.00 to send my documents to the USA via courier (3 day delivery)

Applicant Statement:

By signing this application form I declare the following:

I have completed this application form and enclosed the non-refundable fee of:

\$50 (members) or \$75 (non-members)

I have enclosed a copy of my VISA screening agency form

I have enclosed a copy of a credential verification request

Signature: _____

Date: _____

<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex	CSMLS USE ONLY Date Received: _____
Credit Card Number:	
Expiry Date:	

Payments must be in Canadian funds. Acceptable forms of payment are Visa, MasterCard, American Express (AMEX), Canadian cheque or Canadian money order. Make your cheque or money order payment to the Canadian Society for Medical Laboratory Science, or CSMLS. If you are outside of Canada, you must make your payment by credit card only; we accept Visa, MasterCard or American Express (AMEX). Bank drafts or money orders **will not be** accepted and your application will be turned to you. If your payment is returned to us for insufficient funds, you will be charged a \$25.00 NSF fee.