

Verification of CSMLS Certification

Mr. Miss Mrs. Ms. CSMLS ID # _____

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

Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Telephone: _____ Email: _____

Payment must be included with this application form.

Fees: \$75 for **members**
 \$100 for **non-members**

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:** certification@csmls.org

Regulatory Bodies – CSMLS will send a letter, bearing the CSMLS official seal, verifying your CSMLS certification directly to the Regulatory Body of your choice on your behalf.

Visa Screening Agencies – CSMLS will send a letter, bearing the CSMLS official seal, verifying your CSMLS certification directly to the agency of your choice on your behalf. We will enclose any visa form you or the agency submitted with this application, but it **will not** be filled out by the CSMLS.

Other – CSMLS will send a letter, bearing the CSMLS official seal, verifying your CSMLS certification to the location of your choice.

ATTENTION:

CSMLS is **NOT** a licensing body or regulatory agency; therefore, we **DO NOT:**

- keep records regarding complaints or disciplinary action;
- keep records of date of birth;
- complete any forms, including those requesting licensing, diploma, or registration information.

Verification of CSMLS Certification

CSMLS ID #: _____

Please provide the following information:

1. Type of CSMLS Certification Achieved: _____ Date: _____

2. Type of CSMLS Certification Achieved: _____ Date: _____

3. Type of CSMLS Certification Achieved: _____ Date: _____

(CSMLS Certification may be: General MLT, Clinical Genetics MLT, Diagnostic Cytology MLT, or MLA)

Where would you like your documents sent:

Name: _____

Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

CSMLS Verification Letters are sent by regular post only, unless courier fee enclosed.

Documents may be couriered for an additional fee.

Couriering documents to the USA is an additional \$50.00 CAD (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:

\$75 (members) or \$100 (non-members)

\$ courier fee, if requested (\$50.00 for the USA)

I have enclosed a copy of my VISA screening agency form

I have enclosed a copy of a credential verification request

Signature: _____

Date: _____

Payments must be in Canadian funds.

Canada & International: MasterCard Visa Amex or

Canada Only: Cheque Money Order

Make your cheque or money order payment to the Canadian Society for Medical Laboratory Science, or CSMLS. If insufficient funds, you will be charged a \$25.00 NSF fee.

Name on Card: _____

Credit Card Number: _____

Expiry Date: _____

CSMLS USE ONLY

Date Received: _____