

Verification of CSMLS Certification

CSMLS Certificant Information		CSMLS ID#:	
Legal Last Name:		Legal First Name:	
Address:			
City:		Province:	
Postal Code:	Country:		
Telephone No:	Email:		

Please provide the following information:

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

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

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

Please accept my **non-refundable** payment of:

- \$100** (members)
- \$150** (non-members/third parties)

Payments must be in Canadian funds.	
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Canadian Cheque <input type="checkbox"/> Money Order	
Credit Card#:	Exp Date:
Name on Card:	
Signature:	CSMLS USE ONLY Date Received:

Due to PayPal security restrictions we are unable to accept credit card payments from some countries. Contact info@csmls.org for assistance, if required.

Canadian cheques or Canadian money orders are payable to the Canadian Society for Medical Laboratory Science or CSMLS.

If your payment is returned for insufficient funds, a \$25.00 NSF fee will be charged.

By signing this application form, I declare:

- I have understood this is a **non-refundable** service fee

Signature: _____ **Date:** _____

Verification of CSMLS Certification letters bearing the CSMLS official seal can be sent on the applicant's behalf directly to:

- Regulatory Agencies
- Visa Screening Agencies
 - CGFNS Requests are sent digitally via the CGFNS secure portal
- Employers
- Certificant

Verification of CSMLS Certification letters are sent by regular Canada Post.

If the applicant would like their letter sent via Courier, the applicant is responsible to arrange and pay for this. Applicants can arrange courier pick-up at the CSMLS office from Monday to Thursday, between the hours of 9 am – 4 pm (eastern time).

Please contact certification@csmls.org **before** arranging a courier.

Please send the Verification of CSMLS Certification letter to:

Organization Name:	
Address:	
City:	Province/State:
Postal Code:	Country:
Telephone No:	Email:

Any form submitted with this application **will not** be filled out by the CSMLS

- Enclosed is a CGFNS VisaScreen© form to be included with my Verification letter
- Enclosed is a credential request to be included with my Verification letter (non-CGFNS Verification Agencies)

Please send the completed application form and payment by one of the following methods:

Mail/Courier addressed to:

Canadian Society for Medical Laboratory Science (CSMLS)

33 Wellington Street North

Hamilton, ON, L8R 1M7

Email: certification@csmls.org

Fax: (905) 528 4968

DISCLAIMER:

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.