

National Certification Exam Registration Form

Personal Information:

Miss Mrs Ms Mr

CSMLS ID: _____

Last Name (Please print above) _____ First Name _____ Middle Initial _____

Address _____ City _____ Province _____ Postal Code _____

Telephone No. _____ Business Telephone No. _____

Fax No. _____ Email _____

Exam Type: (check below)

- General MLT
- Clinical Genetics
- Diagnostic Cytology
- MLA

Exam Session: (check one below)

- February August
- April October
- June

Please complete all information below: (check below)

1. I agree to abide by the CSMLS Exam Handbook (policies, procedures, rules and eligibility requirements).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name on certificate	
3. Language of Exam	<input type="checkbox"/> English <input type="checkbox"/> French
4. I was educated at an EQual™ accredited Canadian program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is the name and campus location of this program?	
5. I am a CSMLS Prior Learning Assessment (PLA) candidate with a CSMLS Eligibility Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Please include my name on the newly Certified Members list published in the CJMLS journal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. I understand that if I need to request a special accommodation I need to contact the CSMLS office before Exam registration opens. DO NOT APPLY ONLINE. I understand registering online may result in a refusal of my special accommodation request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. I understand that if I cancel my exam, or am deemed ineligible, less than fourteen (14) days prior to the exam date I will not receive a refund and may lose one attempt.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. I understand that the first and last name on my government issued photo ID must be identical to the first and last name indicated on the Exam registration form. If the first or last name differs, I understand that I will not be admitted to the Exam and will not receive a refund.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. I understand that my government issued photo ID must be valid and current. If it is expired or invalid, I understand that I will not be admitted to the Exam and will not receive a refund.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Exam Fees:

Exam Discipline/Exam Session:	Canadian Resident		Non-Resident of Canada	
	Member	Non-Member	Member	Non-Member
General MLT				
Before Early Deadline	\$955	\$1,255	\$1,859	\$2,159
After Early Deadline	\$1,135	\$1,435	\$2,044	\$2,344
Clinical Genetics and Diagnostic Cytology				
Before Early Deadline	\$1,125	\$1,425	\$2,230	\$2,530
After Early Deadline	\$1,305	\$1,635	\$2,410	\$2,710
Medical Laboratory Assistant				
Before Early Deadline	\$205	\$405	N/A	
After Early Deadline	\$345	\$545	N/A	N/A

Applicant's Statement:

By signing this applicant statement:

- I declare that the **above information** is true and hereby apply to write the CSMLS certification Exam
- I understand that **final acceptance** to the certification Exam **depends on successfully meeting all eligibility requirements**
- I understand **there is a non-refundable administration fee**
- I understand the exam fee **does not include a certificate copy**
- I understand that **my Registration and Exam information may be shared** with Canadian provincial regulatory authorities

Print Name	Signature	Date
Payments originating from Nigerian credit cards or accounts will not be accepted		TOTAL FEES PAID:
Canadian <input type="checkbox"/> Cheque or <input type="checkbox"/> Money Order; OR <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> AMEX		
Name on Card:		CSMLS USE ONLY Date Received: Date Processed:
Credit Card #:		
Exp. Date:		

Payments must be in Canadian funds. Canadian cheque or Canadian money order (both 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 fee. Acceptable forms of payment are Visa, MasterCard, American Express. If you are outside of Canada, you must make your payment by credit card only. Bank drafts or money orders from outside of Canada will not be accepted and your application will be returned to you.

Canadian Society for Medical Laboratory Science
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