

National Certification Exam Registration Form

Personal Information:

Miss
 Mrs
 Ms
 Mr

CSMLS ID: _____

Last Name (Please print above)	First Name	Middle Initial
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Address	City	Province	Postal Code
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Telephone No.	Business Telephone No.
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Fax No.	Email
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Exam Type: (check below)

- General MLT
- Clinical Genetics
- Diagnostic Cytology
- MLA

Exam Session: (check one below)

- February
- April
- June August (MLA only)
- October

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. I prefer to write my Exam in the following province:	
7. Please include my name on the newly Certified Members list published in the CJMLS journal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. 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
9. 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
10. 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
11. 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
<p style="text-align: center;">Payments originating from Nigerian credit cards or accounts will not be accepted</p> <p>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</p>		TOTAL FEES PAID:
Name on Card:		CSMLS USE ONLY
Credit Card #:		Date Received:
Exp. Date:		Date Processed:

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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