

2025 National Certification Exam Registration Form

Candidate Information		CSMLS ID#:					
Legal Last Name:		Legal First Name:					
Address:							
City:		Province:					
Postal Code:	Country:	Country:					
Telephone No:	Email:						
Exam Type: (check below) MLT: General Clinical Ger MLA Exam Fees:	netics 🛘 Diagnosti	c Cytology		February [☑ check one below) ☑ August (MLA only ☑ October		
Exam Discipline/Exam	Canadia	Canadian Resident		Non-Resident of Canada			
Session	Member	Non- Member		Member	Non-Member		
General MLT							
Registration Fee	\$999	\$1,28	5	\$1,910	\$2,210		
Late Fee	+\$180	+\$189	3	+\$180	+\$185		
Clinical Genetics MLT and	Diagnostic Cytolo	ogy MLT					
Registration Fee	\$1,175	\$1,480	0	\$2,325	\$2,630		
Late Fee	+\$180	+\$185		+\$180	+\$185		
Medical Laboratory Assista	nt						
Registration Fee	\$220	\$425		\$310	\$595		
Late Fee	+\$140	+\$145	3	+ \$140	+ \$145		
For registration dates see 1	nttps://csmls.org/Cer	tification/Cer	tificati	ion-Exam/Dates-a	nd-Fees.aspx		
	Payment must be	in Canadia					
☐ MasterCard ☐ Visa ☐ Am Due to PayPal security restrictions		ept credit	FEI	E PAID:			
card payments from some countries. Contact info@csmls.org for assistance, if required.			CSMLS USE ONLY Date Received:				
IN Canada Only: □Cheque □ Make your payment to Canadian Science or CSMLS. Insufficient fun	Society for Medical La			e Processed:			
Name on Card:				Expiry Date:			
Credit Card Number:							

SML	S ID#:					
	CSMLS Candidate Registration – Required Information					
1.	I have read and agree to abide by the CSMLS Exam Handbook. (policies, procedures, rules, and eligibility requirements).	□ Yes □ No				
2.	Language of Exam. French available for General MLT and MLA only.	☐ English ☐ French				
3.	I have gained Exam eligibility through successful completion of an EQual™ accredited program (NOTE: Bridging Programs are NOT EQual™ accredited)	□ Yes □ No				
4.	I have gained Exam eligibility through successful completion of a Prior Learning Assessment (PLA) with a valid Eligibility Statement	□ Yes □ No				
5.	I have gained Exam eligibility through MLPAO Certification (Ontario MLA candidates only) with a valid Eligibility Statement.	□ Yes □ No				
6.	If you gained Exam eligibility through an EQual™ accredited Canadian program, you must provide the following information: (NOTE: Bridging Programs are NOT EQual™ accredited)					
	Institution (school) name:					
	Campus location:					
7.	Please include my name on the newly certified list. I understand that agreeing to this means agreeing to my name being displayed/ published publicly by CSMLS.	☐ Yes ☐ No				
8.	Testing Accommodations: I understand I need to contact the CSMLS before Exam registration opens at exam@csmls.org . Registering online may result in the refusal of my testing accommodation request.	□ Yes □ 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 .	☐ Yes ☐ 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 my Exam registration (middle names do not matter). If the first or last name differs, I understand that I will not be admitted to the Exam and will not receive a refund.	□ Yes □ 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 I will not receive a refund.	☐ Yes ☐ No				
_	cant Statement: ning this application form I declare that the information I provided is true and the ng: The Exam fee does NOT include a certificate There is a non-refundable administration fee if my exam registration is cancelled My registration and Exam information may be shared with Canadian provincial Acceptance to the certification Exam depends on successfully meeting all eligit requirements	ed l MLT regulator				
_	Print Name Signature Da	te				