

National Certification Exam Registration Form

Personal Information: □ Miss □ Mrs □ Ms □ Mr CSMLS ID:_ Middle Initial Last Name (Please print above) First Name Address Province Postal Code City Telephone No. Business Telephone No. Fax No. Email **Exam Type:** (☑ check below) **Exam Session:** (☑ check one below) ☐ General MLT ☐ August (MLA only) ☐ February ☐ Clinical Genetics □ June ☐ October ☐ Diagnostic Cytology **Please complete all information below:** (☑ check below) I have read and agree to abide by the CSMLS Exam Handbook □ Yes □ № (policies, procedures, rules and eligibility requirements). ☐ English ☐ French Language of Exam I was educated at an EQual™ accredited Canadian program? ☐ Yes □ No What is the name and campus location of this program? □ Yes □ No I am a CSMLS Prior Learning Assessment (PLA) candidate with a CSMLS Eligibility Statement? Please include my name on the newly certified list. ☐ Yes □ No I understand that agreeing to this means agreeing to my name being displayed/published publicly by CSMLS. I understand that if I need to request a special accommodation I need to contact the CSMLS office before Exam registration ☐ Yes ☐ No opens. DO NOT APPLY ONLINE. I understand registering online may result in a refusal of my special accommodation request. I understand that if I cancel my exam, or am deemed ineligible, □ Yes \square No less than fourteen (14) days prior to the exam date I will not receive a refund and may lose one attempt. I understand that the first and last name on my government issued photo ID must be identical to the first and last name □ Yes □ No 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. I understand that my government issued photo ID must be □ Yes □ No 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.

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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 □ Cheque or □ Money Order; OR		
☐ Master Card ☐ Visa ☐ AMEX		
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 Address: 33 Wellington St N Hamilton, ON, L8R 1M7

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