

## National Certification Exam Registration Form

Candidate Information	CSMLS ID#:					
Legal Last Name:	Legal First Name:					
Address:						
City:		Province:				
Postal Code:	Country:					
Telephone No:	Email:					
Exam Type: ( check below)  General MLT Clinical Genetics Diagnostic Cytology	☐ February ☐ August (MLA only) ☐ June ☐ October					
□ MLA		Year:				
Exam Fees:	Q4'	D 1 3 4		Mars Daniel	l 4 - 6 Cl 3 -	
Exam Discipline/Exam Session	Member	n Resident Non-		Member	lent of Canada Non-Member	
	Member	Memb	er	Member	Non-Member	
General MLT				1 22 222		
Registration Fee	\$995	\$1,280		\$1,900	\$2,200	
Late Fee	+\$180	+\$185		+\$180	+\$185	
Clinical Genetics MLT and Diagnostic Cytology MLT						
Registration Fee	\$1,150	\$1,45	3	\$2,280	\$2,580	
Late Fee	+\$180	+\$185		+\$180	+\$185	
Medical Laboratory Assistant						
Registration Fee	\$215	\$415		N/A		
Late Fee	+\$140	+\$145		N/A	N/A	
For registration dates see https	:://csmls.org/Certi	fication/Cer	tificat	ion-Exam/Dates-a	nd-Fees.aspx	
	yment must be i erian credit car					
□MasterCard □Visa □Amex			$\overline{}$	PAID:		
IN Canada Only: □Cheque □Money Order  Make your cheque or money order payment to Canadian  Society for Medical Laboratory Science or CSMLS.  Insufficient funds will be charged a \$25.00 fee.			CSMLS USE ONLY  Date Received:  Date Processed:			
Name on Card:	Expiry Date:					
Credit Card Number:						

SMT	2 ID#:	
	CSMLS Candidate Registration – Required Information	
1.	I have read and agree to abide by the CSMLS Exam Handbook.	☐ Yes
	(policies, procedures, rules, and eligibility requirements).	□ №
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	☐ Yes
	EQual™ accredited program (NOTE: Bridging Programs are NOT EQual™ accredited)	□ No
4.	I have gained Exam eligibility through successful completion of a Prior	☐ Yes
	Learning Assessment (PLA) with a valid Eligibility Statement	□ No
5.	I have gained Exam eligibility through MLPAO Certification (Ontario	☐ Yes
	MLA candidates only) with a valid Eligibility Statement.	□ No
6.	If you gained Exam eligibility through an EQual™ accredited Canadian pr	ogram, you
	must provide the following information: (NOTE: Bridging Programs are N	OT EQual™
	accredited)	
	Institution (school) name:	_
	Campus location:	
7.	Please include my name on the newly certified list. I understand that	☐ Yes
	agreeing to this means agreeing to my name being displayed/	□ No
	published publicly by CSMLS.	
8.	Testing Accommodations: I understand I need to contact the CSMLS	☐ Yes
	<b>before</b> Exam registration opens at <a href="mailto:exam@csmls.org">exam@csmls.org</a> . Registering online	□ No
	may result in the refusal of my testing accommodation request.	
9.	I understand that if I cancel my Exam, or am deemed ineligible, less than	☐ Yes
	fourteen (14) days prior to the Exam date I will <b>not</b> receive a refund and	□ No
	may lose one attempt.	
10.	I understand that the first and last name on my government issued photo	☐ Yes
	ID <b>must</b> be identical to the first and last name indicated on my Exam	□ No
	registration (middle names do not matter). If the first or last name differs,	
	I understand that I will <b>not</b> be admitted to the Exam and will <b>not</b> receive	
	a refund.	
11.	I understand that my government issued photo ID <b>must</b> be valid and	☐ Yes
	current. If it is expired or invalid, I understand that I will <b>not</b> be admitted	□No
	to the Exam and I will <b>not</b> receive a refund.	
	cant Statement:	
_	ning this application form I declare that the information I provided is true an stand the following:	d that I
•	The Exam fee does NOT include a certificate	
•	There is a non-refundable administration fee if my exam application is cancelled	ed
•	My registration and Exam information may be shared with Canadian provincial	
•	Acceptance to the certification Exam depends on successfully meeting all eligi	-
	requirements	<del></del> ,

Print Name

Signature

Date