

Canadian Society for Medical Laboratory Science Société canadienne de science de laboratoire médical

## **Exam Preparation Review Application**

CANDIDATE INFORMATION	CSMLS	ID#:
Legal Last Name:	Legal Fi	rst Name:
Address:	1	
City:		Province:
Postal Code:	Country:	,
Telephone No:	Email:	
An Exam Preparation Review is approximately 30-minutes in length, it may provide tips and techniques for preparing for a CSMLS certification exam, by reviewing:  o studying techniques o previous exam performance, if applicable  By signing this application form, I understand that I am required to abide by the current CSMLS policies and procedures.		
Signature:		Date
• I have enclosed the <b>non-refundable</b> fee of:  □ \$50 (Member)  □ \$150 (Non-Member)		
Payments must be in Canadian funds.		
□ Mastercard □ Visa □ AMEX   Due to PayPal security restrictions we are unable to accept credit card payments from some countries. Contact info@csmls.org for assistance, if required.   □ Canadian Cheque □ Canadian Money Order   Canadian cheques or Canadian money orders are payable to the Canadian Society for Medical Laboratory Science or CSMLS.   If your payment is returned for insufficient funds, a \$25.00 NSF fee will be charged.   Credit Card#: Exp Date:   Name on Card:   Signature: CSMLS USE ONLY   Date Received:		