CSMLS SCSLM

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

Associate Non-Certified Membership with PLI

(Professional Liability Insurance)

Eligibility:

An Associate Non-Certified member with PLI shall be one who is currently engaged in the practice of medical laboratory technology in Canada, who does not qualify for certified membership, but who:

- in a Regulated Province is licensed or registered as a medical laboratory technologist under a provincial statute
- or you havea CSMLS approved Clinical Placement

You will not be able to apply for this membership and PLI coverage if you are in an unregulated province or territory or in Ontario. Unregulated Provinces and Territories include: British Columbia, Nunavut, Northwest Territories and Yukon Territory

- purchases Professional Liability Insurance through CSMLS' Insurance Broker at a rate established by the Insurance Company

Schedule of Benefits					
Subscription to CJMLS	Member Discount Program	Members Only Website	Member Discounts on CE Courses & LABCON Fees	Member Discounts on Certification Exam	Voting Rights
YES	YES	YES	YES	YES*	NO

*Excluding Non-Residents of Canada

Members in the Associate Non-Certified category are **not automatically eligible** to write the CSMLS Certification Exam. If you are an internationally educated medical laboratory technologist and you want to write the exam, you must apply for the CSMLS Prior Learning Assessment.
The assessment will tell you if your experience is equivalent to the Canadian standard.

For more information, visit our website at:

https://csmls.org/Certification/How-To-Become-Certified/Internationally-Educated-Medical-Laboratory-Techno.aspx

Once you have successfully completed the certification exam, you must change your membership status. We will give you more information at that time.

Privacy Statement: I have read the privacy agreement and accept the terms with the following options:

Privacy Policy: https://csmls.org/About-Us/About-CSMLS/Privacy-Policy.aspx

☐ Exclude my name in the list sent to the Member Discount Programs/Partners
☐ Exclude my name in the list sent to the CSMLS Partner Provincial Societies
☐ Exclude my name for contact by email by CSMLS

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CSMLS ID # _____ Date of Birth: MM/DD/YY _____

Name: _____
Last First Former Name (if applicable)

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

EMPLOYMENT INFORMATION/CLINICAL PLACEMENT INFORMATION

Name: _____
(please print above)

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

CHECK ALL THAT APPLY:

☐ I am a former student from an accredited Medical Laboratory Technologist training program in Canada

☐ I am a Prior Learning Assessment client

☐ I have a CSMLS approved Clinical Placement

☐ I am registered or licenced in a regulated province. Regulator: _____ License #: _____

☐ I will be working within the scope of practice (duties) as a Medical Laboratory Technologist.
Scope of Practice is defined as: Those services rendered while acting within the scope of your duties as Medical Laboratory Technologist or an Instructor of Medical Laboratory Technology and customary to the practice of medical laboratory technology. This shall include the practice in one or more of the following laboratory disciplines according to the professional training and licensure or certification of the insured. **Check the corresponding boxes below to indicate which areas you will be working in.**

☐ Clinical Chemistry	☐ Clinical Microbiology	☐ Clinical Genetics
☐ Diagnostic Cytology	☐ Electron Microscopy	☐ Immunology
☐ Hematology	☐ Histotechnology	☐ Parasitology
☐ Transfusion Science	☐ Virology	☐ Specimen Collection

☐ I have included a detailed list of duties or detailed job description from my employer with my application. I will be performing duties approved by the regulator

☐ I do have a licence restriction from the regulator (proof of such is included)

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Applicant's Statement:

☐ Errors & Omissions Insurance Application completed and enclosed

☐ I understand that my application is subject to approval. Insurance Coverage will begin subsequent to such approval. Approval may take up to 10 business days.

☐ I understand that acceptance of my Associate Non-Certified membership application does not mean that I am eligible to write the CSMLS Certification Exam.

Signature: Date:

Name (Please Print) CSMLS ID#

Completed forms can be mailed, faxed, or emailed to us. Please find contact information at bottom of application.
**Please note that this membership cannot be completed online, it must be processed in the office.*

Once your payment has been processed, you will receive an emailed Confirmation of Membership.

Payments must be made in Canadian funds. If your payment is returned, you will be charged a $25.00 Administration Fee

Membership Fee:	136.00	
PLI Fee:	475.00	
PST:	_____	**PST:** MB add $33.25; NL add $71.25; ON add $38.00; SK add $28.50; QC add $42.75 **ONLY residents of MB, NL, ON, SK & QC need to pay PST on PLI**
TOTAL FEES ENCLOSED	_____	

This is an annual membership that will expire December 31 each year. Membership fees are not prorated. Fees are non-refundable and non-transferable

Fees must accompany this application form.

Payments must be made in Canadian funds. If your payment is returned, you will be charged a $25.00 Administration Fee

☐ Cheque (payable to: **CSMLS**)		CSMLS USE ONLY	
☐ Amex ☐ Visa ☐ MasterCard			
Credit Card #		Date Proc'd:	
Expiry Date			
Cardholder:		CSMLS ID#	UsrCrd:
(please print clearly)			

33 Wellington St. N., Hamilton, ON L8R 1M7
Telephone: 1.800.263.8277 - Fax: 905.528.4968 - Email: memserv@csmls.org

Victor Canada
500-1400 Blair Towers Place
Ottawa, Ontario K1J 9B8
Telephone 613-786-2000
Facsimile 613-786-2001
Toll Free 800-267-6684
www.victorinsurance.ca

Application

Errors and Omissions Insurance

1. Name of Applicant: _____
2. Address: _____
3. (a) In the past, has the Applicant ever been the recipient of any allegations of professional negligence in writing or verbally?

   YES ☐ NO ☐

   (b) Is the Applicant aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above?

   YES ☐ NO ☐

   If yes, please attach details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURERS, IT IS AGREED THAT, IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

☐ conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;

☐ in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Signature of Applicant: _____ Date (dd/mm/yyyy) _____