

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
- 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:

<http://csmls.org/Certification/Become-Certified-Internationally-Educated-Profes/First-Steps-to-Certification.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



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

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CSMLS ID # _____

Mr. Miss. Mrs. Ms.

Date of Birth: MM/DD/YY _____

Name: Last First Former Name (if applicable)

Address: _____

City: Province: Postal Code: _____

Telephone: Email: _____

EMPLOYMENT 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 am registered or licenced in a regulated province. Licence Number: _____

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

It is mandatory to check this box and provide the information outlined in this section. I will be performing duties approved by the regulator (a detailed list of duties MUST be attached to this application).
Your application will not be accepted without the proper documents.

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 7 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:	132.00	
PLI Fee:	475.00	
PST:	_____	PST: ON add \$38.00; SK add \$28.50; QC add \$42.75
TOTAL FEES ENCLOSED	=====	ONLY residents of ON, SK and QC are required to pay PST on PLI

**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

<input type="checkbox"/> Cheque (payable to: CSMLS)	CSMLS USE ONLY	
<input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Credit Card # _____	Date Proc'd: _____	
Expiry Date _____		
Cardholder: _____ <small>(please print clearly)</small>	CSMLS ID# _____	UsrCrId: _____



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 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)