Application for the CSMLS Certification Examination

**Personal Information:**

🞎 Miss 🞎 Mrs 🞎 Ms 🞎 Mr CSMLS ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name (Please print above) First Name Middle Initial

Address City Province Postal Code

Telephone No. Business Telephone No.

Fax No. Email

|  |  |
| --- | --- |
| **Exam Type:** (🗹 check below) | **Exam Session:** (🗹 check below) |
| 🞏 General MLT | 🞏 June 2019 |
| 🞏 Clinical Genetics | 🞏 October 2019 |
| 🞏 Diagnostic Cytology | 🞏 February 2020 |
| 🞏 MLA |  |

**Please complete all information below:**

|  |  |
| --- | --- |
| 1. I agree to abide by the CSMLS Exam Handbook (policies, procedures, rules and eligibility requirements). | 🞏 Yes 🞏 No |
| 1. How would you like your name to appear on your certificate? |  |
| 1. Language of Exam | 🞏 English 🞏 French |
| 1. Educated at an accredited Canadian program? | 🞏 Yes 🞏 No |
| 1. If you answered yes to question 4, what is the name of your accredited Canadian Institution and campus? |  |
| 1. If you answered no to question 4, are you a CSMLS Prior Learning Assessment (PLA) candidate? | 🞏 Yes 🞏 No |
| 1. In which province would you prefer to write the exam? |  |
| 1. Please include my name on the newly Certified Members list published in the CJMLS journal. | 🞏 Yes 🞏 No |
| 1. I understand that if I need to request a special accommodation I need to contact the CSMLS office before completing registration.  I understand that failure to contact the office before completing registration will result in a refusal of my special accommodation request. | 🞏 Yes 🞏 No |
| 1. I understand that if I cancel my exam less than fourteen (14) days prior to the exam date I will not receive a refund. | 🞏 Yes 🞏 No |
| 1. I understand that the name on my government issued photo ID must be identical to the name indicated on the exam application form.  If the name differs, I understand that I will not be admitted to the testing site and will not receive a refund. | 🞏 Yes 🞏 No |
| 1. I understand that my government issued photo ID must be valid and current.  If it is expired or invalid, I understand that I will not be admitted to the testing site and will notreceive arefund. | 🞏 Yes 🞏 No |

**Exam Fees for June 2019, October 2019, February 2020:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exam Discipline/Exam Session:** | **Canadian Resident** | | **Non-Resident of Canada** | |
| **Member** | **Non-Member** | **Member** | **Non-Member** |
| **General MLT** | | | | |
| **Before** Early Deadline | $870 | $1,150 | $1,800 | |
| **After** Early Deadline | $1,030 | $1,365 | $1,960 | $2,015 |
| **Clinical Genetics and Diagnostic Cytology** | |  |  | |
| **Before** Early Deadline | $1,035 | $1,415 | $2,160 | |
| **After** Early Deadline | $1,195 | $1,630 | $2,320 | $2,375 |
| **Medical Laboratory Assistant** |  |  |  | |
| **Before** Early Deadline | $190 | $255 | N/A | |
| **After** Early Deadline | $290 | $390 | 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 examination depends on successfully meeting all eligibility requirements
* I understand there is a non-refundable portion of the exam fee
* I understand the exam fee does not include a certificate copy

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |  | | |
| Print Name |  | Signature | | |  | Date | | |
| 🞎 Cheque 🞎 Master Card 🞎 Visa 🞎 AMEX | | | **Total Fees Paid:** | **CSMLS USE ONLY** | | | | | |
| Name on Card: | | |  | Date Received: | | | Date Processed: |  | |
| Credit Card #: | | |  | |
| Exp. Date: | | |  | |
| Payments must be in Canadian funds. If you are outside of Canada, you must make your payment by credit card only; we accept Visa, MasterCard or American Express. Bank drafts or money orders will not be accepted and your application will be returned to you.  Payments must be made in Canadian funds. If your payment is returned, you will be charged a $25.00 Administration Fee | | | | | | | | | |

Canadian Society for Medical Laboratory Science

Address: 33 Wellington St N Hamilton, ON, L8R 1M7

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