# National Certification Exam Registration Form

## Personal Information:

- [ ] Miss  
- [ ] Mrs  
- [ ] Ms  
- [ ] Mr  

CSMLS ID: ________________________________________

<table>
<thead>
<tr>
<th>Last Name (Please print above)</th>
<th>First Name</th>
<th>Middle Initial</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Province</th>
<th>Postal Code</th>
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<tbody>
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<tr>
<th>Telephone No.</th>
<th>Business Telephone No.</th>
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<tbody>
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Fax No.  
Email

### Exam Type: (☑ check below)

- [ ] General MLT
- [ ] Clinical Genetics
- [ ] Diagnostic Cytology
- [ ] MLA

### Exam Session: (☑ check below)

- [ ] June
- [ ] August (MLA ONLY)
- [ ] October
- [ ] February

### Please complete all information below: (☑ check below)

1. I agree to abide by the CSMLS Exam Handbook (policies, procedures, rules and eligibility requirements).

   - [ ] Yes  
   - [ ] No  

2. Name on certificate

3. Language of Exam

   - [ ] English  
   - [ ] French  

4. I was educated at an EQual™ accredited Canadian program?

   - [ ] Yes  
   - [ ] No  

   a. What is the name and campus location of this program?

5. I am a CSMLS Prior Learning Assessment (PLA) candidate with a CSMLS Eligibility Statement?

   - [ ] Yes  
   - [ ] No  

6. I prefer to write my Exam in the following province?

7. Please include my name on the newly Certified Members list published in the CJMLS journal.

   - [ ] Yes  
   - [ ] No  

8. I understand that if I need to request a special accommodation I need to contact the CSMLS office before Exam registration opens. DO NOT APPLY ONLINE. I understand registering online will result in a refusal of my special accommodation request.

   - [ ] Yes  
   - [ ] No  

9. I understand that if I cancel my exam, or am deemed ineligible, less than fourteen (14) days prior to the exam date I will not receive a refund and may lose one attempt.

   - [ ] Yes  
   - [ ] No  

10. I understand that the first and last name on my government issued photo ID must be identical to the first and last name indicated on the Exam registration form. If the first or last name differs, I understand that I will not be admitted to the testing site and will not receive a refund.

    - [ ] Yes  
    - [ ] No  

11. 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 not receive a refund.

    - [ ] Yes  
    - [ ] No
Exam Fees:

<table>
<thead>
<tr>
<th>Exam Discipline/Exam Session:</th>
<th>Canadian Resident</th>
<th>Non-Resident of Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member</td>
<td>Non-Member</td>
</tr>
<tr>
<td><strong>General MLT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before Early Deadline</td>
<td>$925</td>
<td>$1,225</td>
</tr>
<tr>
<td>After Early Deadline</td>
<td>$1,100</td>
<td>$1,400</td>
</tr>
<tr>
<td><strong>Clinical Genetics and Diagnostic Cytology</strong></td>
<td></td>
<td></td>
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<tr>
<td>Before Early Deadline</td>
<td>$1,090</td>
<td>$1,425</td>
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<tr>
<td>After Early Deadline</td>
<td>$1,265</td>
<td>$1,635</td>
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<tr>
<td><strong>Medical Laboratory Assistant</strong></td>
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<tr>
<td>Before Early Deadline</td>
<td>$195</td>
<td>$395</td>
</tr>
<tr>
<td>After Early Deadline</td>
<td>$330</td>
<td>$530</td>
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**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 Exam depends on successfully meeting all eligibility requirements.
- I understand there is a non-refundable administration fee.
- I understand the exam fee does not include a certificate copy.

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Print Name: ___________________________ Signature: ___________________________ Date: ________________

<table>
<thead>
<tr>
<th>Payments originating from Nigerian credit cards or accounts will not be accepted</th>
<th>TOTAL FEES PAID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian □ Cheque or □ Money Order; OR □ Master Card □ Visa □ AMEX</td>
<td></td>
</tr>
</tbody>
</table>

Name on Card: ___________________________

Credit Card #: ___________________________

Exp. Date: ___________________________

CSMLS USE ONLY

Date Received: ________________

Date Processed: ________________

Payments must be in Canadian funds. Canadian cheque or Canadian money order (both payable to the Canadian Society for Medical Laboratory Science, or CSMLS). If your payment is returned to us for insufficient funds, you will be charged a $25.00 fee. Acceptable forms of payment are Visa, MasterCard, American Express. If you are outside of Canada, you must make your payment by credit card only. Bank drafts or money orders from outside of Canada will not be accepted and your application will be returned to you.

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Canadian Society for Medical Laboratory Science
Address: 33 Wellington St N Hamilton, ON, L8R 1M7
T: (905) 528-8642 or (800) 263-8277 F: (905) 528-4968 E: exam@csmls.org