



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

Rules and Regulations

Professional Enhancement Program

Application Form

March 2021

For more information, contact Learning Services:

1.800.263.8277, Ext. 8698

FAX: 905.528.4968

E-mail: coned@csmls.org

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Introduction

As our profession adapts to the rapidly changing delivery of health care, medical laboratory technologists are expected to keep current with the knowledge and skills necessary to perform to the highest of professional standards.

Whether mandated by a regulatory body, an employer expectation or professional interest, the CSMLS Professional Enhancement Program (PEP) provides a process with which to recognize your professional development activities.

This voluntary program, a free member service, has been offered by the CSMLS since 1984. It recognizes continuing education, a variety of professional activities and learning experiences that contribute to your professional growth.

A PEP Certificate requires 60 hours of professional development over a consecutive two-year period. At least half of those hours must be officially documented, although non-verified activities can be recognized by completing the log sheet provided.

To apply for your PEP Certificate, review these guidelines and complete the attached forms. If you have any questions, please call Learning Services at 905.667.8698 or 1.800.263.8277, Ext. 8698.

Application Guidelines

Eligibility

In order to qualify for a PEP certificate, you must accumulate 60 hours of continuing education or professional development activities over a consecutive two-year period.

Only activities that occurred in the two years prior to submission of the application will be counted.

At least 50% of the hours must be officially documented (e.g., transcripts, letters or other proof of participation).

Acceptable Activities

1. Continuing Education

All continuing education courses that have been assigned PEP hours are automatically eligible. A list of courses already assessed is available on the Professional Development Resources and Policies page of the CSMLS website. Please refer to the Assessed Course List.

Courses that are not listed may be submitted for assessment, provided that they relate to medical laboratory science or are relevant to professional laboratory practice, e.g., management, education, computer courses, appropriate communication, etc. Workshops, seminars, in-service education, teleconferences, etc. may also be claimed.

Please consult the CSMLS Professional Recognition Programs page, including the Course Assessment Handbook for information.

2. Professional activities

Examples of eligible activities are provided below. The list is not exhaustive and individuals are encouraged to submit other activities for assessment. Recognition is given only for activities that are *clearly outside the individual's regular job function*.

Documentation must be provided if these are submitted as verified activities.

2.1 Scientific presentations

- Presenting a scientific paper or lecture at congress or similar scientific meeting - 15 PEP hours per delivered lecture hour
- Publication of a scientific paper; primary author - 30 PEP hours; secondary author - 15 PEP hours
- Poster presentation - 15 PEP hours

- Preparation of short scientific or lab-related articles for publication in journals or in appropriate newsletters - 3 PEP hours per article
- Preparation of case studies - 8 PEP hours per case study

A copy of the paper/article must be submitted for assessment. For oral presentations, the abstract must be submitted.

Please note that PEP hours assigned to professional activities do not reflect the time spent on those activities but attempt to recognize that there is a learning component.

2.2 Course preparation/presentation

- Presenting lectures in live courses - 8 PEP hours per hour of lecture
- Preparing a distance education course - 12 PEP hours per lesson hour
- Preparing a course exam - 15 PEP hours per hour of exam
- Preparing the course evaluation - 8 PEP hours
- Tutoring learners in distance education courses - 15 PEP hours per year per course
- Presenting a teleconference - 12 PEP hours per hour of teleconference

Persons involved in design, planning or coordinating course material would send in an official outline of their participation, for individual assessment.

2.3 Scientific editorial work

- CJMLS Scientific and Education Review Committee or editorial consultant for equivalent scientific journal - 15 PEP hours per year
- Preparing book reviews for scientific journal - 8 PEP hours per review

2.4 CSMLS examiner

- Service on exam panels - 30 PEP hours per year
- Translating exams - 15 PEP hours per year

2.5 Miscellaneous

- Attendance at CSMLS LABCON - 5 PEP hours per full day of attendance
- Attendance at provincial congress or similar scientific meeting - 4 PEP hours per full day of attendance
- Serving the profession - 8 PEP hours per year

- On a board, council or committee of CSMLS, provincial society, or regulatory body
 - Hospital or similar workplace committee
 - Training program advisory committee

Maximum 15 hours per submission for the activities listed above.

- Laboratory accreditation survey (as a surveyor, or as a member of the site accreditation team) - 8 PEP hours per survey

Verified and Non-Verified Activities

Verified activities

Official transcripts or other documents verifying completion /attendance are required.

At least 50% of the hours submitted must be officially documented.

Non-verified activities

Credit may be claimed for educational activities for which there is no official documentation. This may include some of the activities listed under the verified activities, for which you have no documentation. A log sheet is provided to help you to document non-verified activities. No signature other than your own is required.

PEP hours may also be earned by reading professionally related articles in scientific journals. Please submit the list of articles read, with proper journal references, to claim credit - 1 PEP hour per 2 articles. Reviewing relevant videotapes and audiotapes can also be claimed. **There is a maximum of 15 PEP hours per submission for these activities.**

Professional Enhancement Program Application

(Please read Rules and Regulations, before completing)

Please print clearly

Name: _____

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CSMLS ID#

CSMLS certification level

MLA

MLT

Address:

Postal Code

	Home	Work
Phone		
Email		

Summary of Hours Claimed

Continuing Education	Hours
Verified Activities	_____
Non-verified Activities	_____
Professional Activities	_____
Total	_____

I hereby apply for a certificate in the CSMLS Professional Enhancement Program. I have accumulated 60 hours in the last two (2) years for continuing education or other professional development activities. I verify that all enclosed information and documentation is accurate.

Please include my name on the Professional Recognition Programs list. I understand that agreeing to this means agreeing to my name being displayed/published publicly by CSMLS. yes no

Date _____

Signature _____

My transcripts should be:

Destroyed

Returned

1. Continuing Education - Verified activities

Instructions:

- 1. List all courses claimed**
- 2. Enclose transcript or other proof of participation**

Course name:												
Date taken:	M	M	D	D	Y	Y	CSMLS file #				-	
Provider:												

PEP hours: _____

Course name:												
Date taken:	M	M	D	D	Y	Y	CSMLS file #				-	
Provider:												

PEP hours: _____

Course name:												
Date taken:	M	M	D	D	Y	Y	CSMLS file #				-	
Provider:												

PEP hours: _____

Course name:												
Date taken:	M	M	D	D	Y	Y	CSMLS file #				-	
Provider:												

PEP hours: _____

Professional Enhancement Program Documentation

Course name:												
Date taken:	M	M	D	D	Y	Y	CSMLS file #				-	
Provider:												

PEP hours: _____

Course name:												
Date taken:	M	M	D	D	Y	Y	CSMLS tile #				-	
Provider:												

PEP hours: _____

Course name:												
Date taken:	M	M	D	D	Y	Y	CSMLS file #				-	
Provider:												

PEP hours: _____

Course name:												
Date taken:	M	M	D	D	Y	Y	CSMLS file #				-	
Provider:												

PEP hours: _____

Total verified PEP hours claimed:

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3. Professional Activity Log - verified

Instructions:

- 1. List all activities claimed**
- 2. Consult the PEP Rules and Regulations for examples of acceptable activities and the PEP hours assigned**
- 3. If you wish to submit activities for consideration that are NOT listed, a thorough description of the activity must accompany this log**
- 4. Activities must be laboratory or laboratory -related to qualify. Refer to the PEP Rules and Regulations**
- 5. A letter of verification or other appropriate documentation must be included**

Date of activity:

M	M	D	D	Y	Y
---	---	---	---	---	---

Name of organization:
Summary of activity:
Description of verification:

PEP hours assigned: _____

Date of activity:

M	M	D	D	Y	Y
---	---	---	---	---	---

Name of organization:
Summary of activity:
Description of verification:

PEP hours assigned: _____

Date of activity:

M	M	D	D	Y	Y
---	---	---	---	---	---

Name of organization:
Summary of activity:
Description of verification:

PEP hours assigned: _____

Professional Enhancement Program Documentation

Date of activity:

M	M	D	D	Y	Y
---	---	---	---	---	---

Name of organization:
Summary of activity:
Description of verification:

PEP hours assigned: _____

Date of activity:

M	M	D	D	Y	Y
---	---	---	---	---	---

Name of organization:
Summary of activity:
Description of verification:

PEP hours assigned: _____

Date of activity:

M	M	D	D	Y	Y
---	---	---	---	---	---

Name of organization:
Summary of activity:
Description of verification:

PEP hours assigned: _____

Date of activity:

M	M	D	D	Y	Y
---	---	---	---	---	---

Name of organization:
Summary of activity:
Description of verification:

PEP hours assigned: _____

Professional Enhancement Program Documentation

Date of activity:

M	M	D	D	Y	Y
---	---	---	---	---	---

Name of organization:
Summary of activity:
Description of verification:

PEP hours assigned: _____

Date of activity:

M	M	D	D	Y	Y
---	---	---	---	---	---

Name of organization:
Summary of activity:
Description of verification:

PEP hours assigned: _____

Date of activity:

M	M	D	D	Y	Y
---	---	---	---	---	---

Name of organization:
Summary of activity:
Description of verification:

PEP hours assigned: _____

Total professional activities PEP hours claimed:

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Please mail documents to:

Learning Services Professional Enhancement Program
33 Wellington Street North
Hamilton ON L8R 1M7