

Verification of CSMLS Certification

CSMLS Certificant Information		CSMLS ID#:	
Legal Last Name:		Legal First Name:	
Address:			
City:		Province:	
Postal Code:	Country:		
Telephone No:	Email:		

Please provide the following information:

(CSMLS Certification may be: General MLT, Clinical Genetics MLT, Diagnostic Cytology MLT, or MLA)

1. Type of CSMLS Certification Achieved: _____ Date: _____

2. Type of CSMLS Certification Achieved: _____ Date: _____

Please accept my **non-refundable** payment of:

- \$100** (members)
- \$150** (non-members/third parties)

Payments must be in Canadian funds; Nigerian credit cards are not be accepted	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex or IN Canada Only: <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order Make your cheque or money order payment to Canadian Society for Medical Laboratory Science or CSMLS. If insufficient funds, you will be charged a \$25.00 NSF fee.	CSMLS USE ONLY Date Received: _____
Name on Card:	Expiry Date:
Credit Card Number:	

By signing this application form, I declare:

- I have understood this is a **non-refundable** service fee

Signature: _____ **Date:** _____

Verification of CSMLS Certification letters bearing the CSMLS official seal can be sent on the applicant's behalf directly too:

- Regulatory Agencies
- Visa Screening Agencies
 - CGFNS Requests are sent digitally via the CGFNS secure portal
- Employers
- Certificant

Verification of CSMLS Certification letters are sent by regular Canada Post.

If the applicant would like their letter sent via Courier, the applicant is responsible to arrange and pay for this. Applicants can arrange courier pick-up at the CSMLS office from Tuesdays to Thursdays, between the hours of 9 am- 4 pm (eastern time).

Please contact certification@csmls.org before arranging a courier.

Please send Verification of CSMLS Certification to:

Organization Name:	
Address:	
City:	Province/State:
Postal Code:	Country:
Telephone No:	Email:

Any form submitted with this application **will not** be filled out by the CSMLS

- Enclosed is a CGFNS VisaScreen© form to be included with my Verification letter
- Enclosed is a credential request to be included with my Verification letter (non-CGFNS Verification Agencies)

Please send the completed application form and payment by one of the following methods:

Mail/Courier addressed to:

Canadian Society for Medical Laboratory Science (CSMLS)
 33 Wellington Street North
 Hamilton, ON, L8R 1M7

Email: certification@csmls.org

Fax: (905) 528 4968

DISCLAIMER:

CSMLS is **NOT** a licensing body or regulatory agency; therefore, we **DO NOT:**

- keep records regarding complaints or disciplinary action;
- keep records of date of birth;
- complete any forms, including those requesting licensing, diploma, or registration information.