

Verification of CSMLS Credentials and/or VISA Screens Application

Mr. Miss Mrs. Ms. CSMLS ID # _____

Name: _____
 First Last Middle Initial Former Name (if applicable)

Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Telephone: _____ Email: _____

Payment must be included with this application form.

Fees: \$75 for **members**
 \$100 for **non-members**

This service is only available for individuals who have written and passed a CSMLS certification examination.

Send the completed application form and payment by mail, fax or email to:

Canadian Society for Medical Laboratory Science (CSMLS)
 33 Wellington Street North
 Hamilton, ON L8R 1M7
T: (905) 528 – 8642 / 1 (800) 263 – 8277 | **F:** (905) 528 – 4968 | **E:** certification@csmls.org

Regulatory Bodies – CSMLS will send an official stamped letter verifying your CSMLS certification credentials directly to the Regulatory Body of your choice on your behalf.

Visa Screening Agencies – CSMLS will send the visa form you supply and an official stamped letter verifying your CSMLS certification credentials directly to the agency of your choice on your behalf.

Other – CSMLS will send an official stamped letter verifying your CSMLS certification credentials to the location of your choice.

Note: CSMLS is not a licensing body or regulatory agency. We do not keep records regarding complains or disciplinary action. We do not keep records of date of birth. We not complete validation forms requesting licensing, diploma or registration information as it does not apply. All credential verifications are sent by regular post only, unless courier fee enclosed.

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CSMLS ID #: _____

Please provide the following information:

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

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

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

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

Where would you like your documents sent:

Name: _____

Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Documents may be couriered for an additional fee.

Couriering documents to the USA is an additional \$50.00 CAD (3 day delivery).

Applicant Statement:

By signing this application form I declare the following:

- I have completed this application form and enclosed the non-refundable fee of:
 - \$75 (members) or \$100 (non-members)
 - \$ _____ courier fee, if requested (\$50.00 for the USA)
 - I have enclosed a copy of my VISA screening agency form
 - I have enclosed a copy of a credential verification request

Signature: _____

Date: _____

Payments must be in Canadian funds.

Canada & International: MasterCard Visa Amex or

Canada Only: Cheque Money Order

Make your cheque or money order payment to the Canadian Society for Medical Laboratory Science, or CSMLS. If insufficient funds, you will be charged a \$25.00 NSF fee.

Name on Card: _____

Credit Card Number: _____

Expiry Date: _____

CSMLS USE ONLY

Date Received: _____