

## Manual Verification of Results

Mr.       Miss       Mrs.       Ms.      CSMLS ID#: \_\_\_\_\_

Name: \_\_\_\_\_

First	Last	Middle Initial	Former Name (if applicable)
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Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

- Before we release exam results, we perform many quality control and assurance checks to be sure your results are accurate. An error in your result is unlikely
- If you fail the exam, you can ask to have your result checked through a manual verification process
- All requests must be received in our office no later than 60 days after the exam date
- If you have submitted a request for manual verification of your result, do not wait for us to complete your request before submitting your application to re-write the exam. If appropriate, your full examination fees will be refunded

**Applicant Statement:**

By signing this application form I declare the following:  
I have enclosed the **non-refundable** fee of:

<input type="checkbox"/> MLA Member	<input type="checkbox"/> MLA Non-Member	<input type="checkbox"/> MLT Member	<input type="checkbox"/> MLT Non-Member
\$140	\$240	\$200	\$300

- I understand that I am required to abide by the current CSMLS policies and procedures

Signature: \_\_\_\_\_

Date \_\_\_\_\_

<input type="checkbox"/> Cheque ( <i>payable to CSMLS only</i> ) <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> AMEX Cardholder ( <i>please print clearly</i> ): _____ Credit Card #: _____ Exp. Date: _____	<b>CSMLS USE ONLY</b>  DATE RECEIVED: _____      DATE PROCESSED: _____
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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