

## Guidance Review

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: \_\_\_\_\_

- A Guidance Review is an approximately 30-minute review that provides tips and techniques for preparing for a CSMLS certification exam
- Candidates study techniques are reviewed
- Exam candidate's previous exam performance based on the Competency Profile categories will be reviewed if applicable

### Applicant Statement:

By signing this application form I declare the following:

- I have enclosed the **non-refundable** fee of:

<input type="checkbox"/> Member	<input type="checkbox"/> Non-Member
\$50	\$150

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

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

<b>Payments originating from Nigerian credit cards or accounts will not be accepted</b>	<b>TOTAL FEES PAID:</b>
<b>Canadian</b> <input type="checkbox"/> Cheque or <input type="checkbox"/> Money Order; <b>OR</b> <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> AMEX	
Name on Card:	<b>CSMLS USE ONLY</b>
Credit Card #:	Date Received:
Exp. Date:	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.