

## Verification of CSMLS Certification

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**  
       \$150 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 a letter, bearing the CSMLS official seal, verifying your CSMLS certification directly to the Regulatory Body of your choice on your behalf.

**Visa Screening Agencies** – CSMLS will send a letter, bearing the CSMLS official seal, verifying your CSMLS certification directly to the agency of your choice on your behalf. We will enclose any visa form you or the agency submitted with this application, but it **will not** be filled out by the CSMLS.

**Other** – CSMLS will send a letter, bearing the CSMLS official seal, verifying your CSMLS certification to the location of your choice.

**ATTENTION:**

- 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.

# Verification of CSMLS Certification

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: \_\_\_\_\_

CSMLS Verification Letters are sent by regular post only, unless courier fee enclosed.

Documents may be couriered for an additional fee.

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

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## 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  **\$150** (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: \_\_\_\_\_

<b>Payments must be in Canadian funds.</b>	
<b>Canada &amp; International:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex or <b>Canada Only:</b> <input type="checkbox"/> Cheque <input type="checkbox"/> 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.	<b>CSMLS USE ONLY</b> <b>Date Received:</b> _____
Name on Card:	
Credit Card Number:	
Expiry Date:	