CSMLS SCSLM

Canadian Society for Medical Laboratory Science
Société canadienne de science de laboratoire médical

Change of Name Request Form

Policy:

- To remain registered for a CSMLS Exam your first and last name MUST match your government ID.
  - Proof of your name change must be included when you submit this form.

NOTE: If you have also changed your address, please update your CSMLS account as soon as possible because all exam correspondence, including the exam results, will be sent the address in your CSMLS account.

Applicant Information		CSMLS ID#:
Legal Last Name:		**Legal First Name:**
Former Last Name (if applicable):		**Former First Name** (if applicable):
Address:		
City:		**Province:**
Postal Code:	**Country:**	
Telephone No:	**Email:**	

I have attached official proof of name change with my (check one):

☐ Driver's License ☐ Passport ☐ Marriage Certificate ☐ Other:

By signing this application form I declare that the information I provided is true and that I understand the following:

- My Exam registration and information may be shared with the Canadian provincial MLT regulators
- Acceptance to the certification Exam depends on successfully meeting all eligibility requirements

Print Name **Signature** **Date**

Address: 33 Wellington St N Hamilton, ON, L8R 1M7
E: exam@csmls.org T: (905) 528-8642 or (800) 263-8277 F: (905) 528-4968