

## Alberta General MLT Certification Exam Registration

<b>Candidate Information</b>		<b>CSMLS ID#:</b>	
<b>Legal Last Name:</b>		<b>Legal First Name:</b>	
<b>Address:</b>			
<b>City:</b>		<b>Province:</b>	
<b>Postal Code:</b>	<b>Country:</b>		
<b>Telephone No:</b>	<b>Email:</b>		

**Exam Fees** (please indicate which fee you are paying in the “FEE PAID” box below):

Exam Session: ( <input checked="" type="checkbox"/> check one) <input type="checkbox"/> February (rewrites/PLA) <input type="checkbox"/> June <input type="checkbox"/> October	Canadian Resident		Non-Resident* of Canada	
	Member	Non-Member	Member	Non-Member
<b>Registration Fee</b>	\$999	\$1,285	\$1,910	\$2,210
<b>Late Fee</b>	\$1,179 (+ \$180)	\$1,470 (+ \$185)	\$2,090 (+ \$180)	\$2,395 (+ \$185)

Payment must be in Canadian funds Check one box and indicate the exam fees paid.	
<input type="checkbox"/> <b>Mastercard</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Amex</b> Due to PayPal security restrictions we are unable to accept credit card payments from some countries.  <input type="checkbox"/> <b>Canadian</b> <input type="checkbox"/> <b>Cheque</b> <input type="checkbox"/> <b>Money Order</b> Make your payment to Canadian Society for Medical Laboratory Science or CSMLS. Insufficient funds will be charged a \$25.00 fee. Contact <a href="mailto:info@csmls.org">info@csmls.org</a> for assistance, if required.	<b>FEE PAID:</b>  <hr/> <p style="text-align: center;"><b>CSMLS USE ONLY</b></p> Date Received: _____  Date Processed: _____
Name on Card:	
Credit Card Number:	Expiry Date:

**\*Non-Canadian resident applicants approved to the MLT exam MUST schedule an in-person appointment at an approved Test Centre, they are not permitted to schedule a remote/online exam appointment.**

For Exam and Registration dates go to [the Dates and Fees Certification webpage](#)

CSMLS ID#: \_\_\_\_\_

CSMLS Candidate Registration – Required Information		
1.	I have read and agree to abide by the CSMLS Exam Handbook. (policies, procedures, rules, and eligibility requirements).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Language of Exam.	<input type="checkbox"/> English <input type="checkbox"/> French
3.	I have gained Exam eligibility through successful completion of an EQual™ accredited Canadian MLT General educational program within 12-months of my registered Exam session. (NOTE: Bridging Programs are NOT EQual™ accredited).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	If you gained Exam eligibility through an EQual™ accredited Canadian program, you <b>must</b> provide the following information: (NOTE: Bridging Programs are NOT EQual™ accredited)	
	Institution (school) name:	
	Campus location:	
5.	I have gained Exam eligibility through successful completion of a Prior Learning Assessment (PLA) with a valid Eligibility Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	I understand that if I have unsubscribed from CSMLS email, that I will not receive any communication about my registered exam session, including results release.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Please include my name on the newly certified list. I understand that agreeing to this means agreeing to my name being displayed/ published publicly by CSMLS.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Testing Accommodations: I understand I need to contact the CSMLS <b>before</b> Exam registration opens at <a href="mailto:exam@csmls.org">exam@csmls.org</a> . Registering online <b>may result in the refusal</b> of my testing accommodation request.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	I understand that if I cancel my Exam, or am deemed ineligible, less than fourteen (14) days prior to the Exam date I will <b>not</b> receive a refund and may <b>lose one attempt</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	I understand that the first and last name on my government issued photo ID <b>must</b> be identical to the first and last name indicated on my Exam registration (middle names do not matter). If the first or last name differs, I understand that I will <b>not</b> be admitted to the Exam and will <b>not</b> receive a refund.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	I understand that my government issued photo ID <b>must</b> be valid and current. If it is expired or invalid, I understand that I will <b>not</b> be admitted to the Exam and I will <b>not</b> receive a refund.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Exam Registration Statement:**

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

- Acceptance to the certification Exam depends on successfully meeting all eligibility requirements
  - There is a non-refundable administration fee if my exam registration is cancelled
- The Exam fee does NOT include a certificate, if I pass the exam, I must purchase CSMLS Professional MLT membership to receive a CSMLS Certificate
- Eligible Non-Canadian Resident Candidates only:
  - I can only schedule an in-person appointment at an approved test centre.
- My registration and Exam information may be shared with CMLTA

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date