

Learning Plan Extension Application

Applicant Information		CSMLS ID#:	
Legal Last Name:		Legal First Name:	
Address:			
City:		Province:	
Postal Code:	Country:		
Telephone No:	Email:		

I am requesting a ONE-TIME Learning Plan extension for: (please check one)

- ☐ PLA Technical Report Learning Plan
- ☐ Re-Establishing Exam Eligibility Learning Plan

Original Learning Plan Due Date:

Extension requested to (date):

My request is based on the following circumstances: (please check one)

- ☐ Medical, Personal (Additional CSMLS form required) ☐ Religious
☐ Death or Funeral (Death Certificate, as applicable) ☐ Other

Please describe in detail the reason for your request: (attach supporting documentation)

NOTE: Routine pregnancies, family obligations, and financial hardship are not adequate reasons for a Learning Plan Extension.

I have enclosed the **non-refundable** fee of: (please circle one):

MLT		MLA	
Member	Non-member	Member	Non-member
\$160	\$215	\$100	\$135

Applicant Statement:

I declare the following:

- I have included the documentation to support my request, if required;
- I understand that all requests are subject to approval and may be denied;
- I understand that approval is based on individual circumstances and may be granted only up to a **maximum** of 1 year.

Signature:

Date

PAYMENTS MUST BE IN CANADIAN FUNDS.			
<input type="checkbox"/> Mastercard or <input type="checkbox"/> Visa or <input type="checkbox"/> AMEX Due to PayPal security restrictions we are unable to accept credit card payments from some countries. Contact info@csmls.org for assistance, if required.		OR Canadian: <input type="checkbox"/> Cheque or <input type="checkbox"/> Money Order Canadian cheques or Canadian money orders are payable to the Canadian Society for Medical Laboratory Science or CSMLS. If your payment is returned for insufficient funds, a \$25.00 NSF fee will be charged.	
Name on Card:			
Credit Card #:		Exp Date:	
RESERVED FOR CSMLS			
Fee Paid:		Date Received:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	Initials: