

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

## Validation of Individual Exam Score

Candidate Information:		CSMLS ID#:			
Legal Last Name:		Legal First Name:			
Address:					
City:			Provi	nce:	
Postal Code:	Country:				
Telephone No:	Email:				
Applicant Statement:  By signing this applicant statemes  I agree to abide by CSMLS  I understand that completion	policies and procedures	guarante	ee a ch	ange in my Exam score	
Signature:	-			Date:	
I have enclosed the <b>non-refundab</b>	<b>le</b> fee of:				
Manual Score Validation	MLA	MLT			
Member Rate	□ \$140	□ \$200			
Non-Member Rate	□ \$240	\$;	300		
PAY	MENTS MUST BE IN CA	NADIA	N FUN	DS	
☐ Mastercard ☐ Visa ☐ AME	X				
Credit Card#:				Exp Date:	
Name on Card:		Signat	Signature:		
OR   Canadian Cheque   Canadian Money Order		CSMLS USE ONLY Date Received:			

Due to PayPal security restrictions we are unable to accept credit card payments from some countries. Contact info@csmls.org for assistance, if required.

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.