

**Associate Non-Certified Membership with PLI**  
 (Professional Liability Insurance)

**Eligibility:**

An Associate Non-Certified member with PLI shall be one who is currently engaged in the practice of medical laboratory technology in Canada, who does not qualify for certified membership, but who:

- in a Regulated Province is licensed or registered as a medical laboratory technologist under a provincial statute
- purchases Professional Liability Insurance through CSMLS' Insurance Broker at a rate established by the Insurance Company

<b>Schedule of Benefits</b>					
Subscription to CJMLS	Member Discount Program	Members Only Website	Member Discounts on CE Courses & LABCON Fees	Member Discounts on Certification Exam	Voting Rights
YES	YES	YES	YES	YES*	NO

\*Excluding Non-Residents of Canada

Members in the Associate Non-Certified category are **not automatically eligible** to write the CSMLS Certification Exam. If you are an internationally educated medical laboratory technologist and you want to write the exam, you must apply for the CSMLS Prior Learning Assessment. The assessment will tell you if your experience is equivalent to the Canadian standard.

For more information, visit our website at:

<http://csmls.org/Certification/Become-Certified-Internationally-Educated-Profes/First-Steps-to-Certification.aspx>

Once you have successfully completed the certification exam, you must change your membership status. We will give you more information at that time.

**Privacy Statement:** I have read the privacy agreement and accept the terms with the following options:

- Exclude my name in the list sent to the Member Discount Programs/Partners
- Exclude my name in the list sent to the CSMLS Partner Provincial Societies
- Exclude my name in the list of certified members (Roster - print and web)
- Exclude my name for contact by email by CSMLS



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

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

Mr. Miss. Mrs. Ms.

Date of Birth: MM/DD/YY \_\_\_\_\_

Name: Last First Former Name (if applicable)

Address: \_\_\_\_\_

City: Province: Postal Code: \_\_\_\_\_

Telephone: Email: \_\_\_\_\_

EMPLOYMENT INFORMATION

Name: (please print above)

Address: \_\_\_\_\_

City: Province: Postal Code: \_\_\_\_\_

Telephone: Email: \_\_\_\_\_

CHECK ALL THAT APPLY:

- I am a former student from an accredited MLT training program in Canada
I am a Prior Learning Assessment client
I am registered or licenced in a regulated province. Licence Number: \_\_\_\_\_

I will be working within the scope of practice (duties) as a Medical Laboratory Technologist.
Scope of Practice is defined as: Those services rendered while acting within the scope of your duties as Medical Laboratory Technologist or an Instructor of Medical Laboratory Technology and customary to the practice of medical laboratory technology.
This shall include the practice in one or more of the following laboratory disciplines according to the professional training and licensure or certification of the insured. Check the corresponding boxes below to indicate which areas you will be working in.

- Clinical Chemistry Clinical Microbiology Clinical Genetics
Diagnostic Cytology Electron Microscopy Immunology
Hematology Histotechnology Parasitology
Transfusion Science Virology Specimen Collection

It is mandatory to check this box and provide the information outlined in this section. I will be performing duties approved by the regulator (a detailed list of duties MUST be attached to this application).
Your application will not be accepted without the proper documents.

I do have a licence restriction from the regulator (proof of such is included)



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**Applicant's Statement:**

- ENCON Application completed and enclosed
- I understand that my application is subject to approval. Insurance Coverage will begin subsequent to such approval. Approval may take up to 7 business days.
- I understand that acceptance of my Associate Non-Certified membership application does not mean that I am eligible to write the CSMLS Certification Exam.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ CSMLS ID# \_\_\_\_\_

Completed forms can be mailed, faxed, or emailed to us. Please find contact information at bottom of application.  
*\*Please note that this membership cannot be completed online, it must be processed in the office.*

Once your payment has been processed, you will receive an emailed Confirmation of Membership.

*Payments must be made in Canadian funds. If your payment is returned, you will be charged a \$25.00 Administration Fee*

Membership Fee:	132.00	
PLI Fee:	475.00	
PST:	_____	PST: ON add \$38.00; SK add \$28.50; QC add \$47.38
<b>TOTAL FEES ENCLOSED</b>	<b>=====</b>	<b>ONLY residents of ON, SK and QC are required to pay PST on PLI</b>

**This is an annual membership that will expire December 31 each year. Membership fees are not prorated.  
Fees are non-refundable and non-transferable**

**Fees must accompany this application form.**

*Payments must be made in Canadian funds. If your payment is returned, you will be charged a \$25.00 Administration Fee*

<input type="checkbox"/> Cheque (payable to: <b>CSMLS</b> )		CSMLS USE ONLY	
<input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			
Credit Card # _____	Date Proc'd: _____		
Expiry Date _____			
Cardholder: _____ <small>(please print clearly)</small>	CSMLS ID# _____	UsrCrId: _____	



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Facsimile 613-786-2001  
Toll Free 800-267-6684  
[www.encon.ca](http://www.encon.ca)

## Application Errors and Omissions Insurance

1. Name of Applicant : \_\_\_\_\_

2. Address: \_\_\_\_\_

3. (a) In the past, has the Applicant or any of his/her employees ever been the recipient of any allegations of professional negligence in writing or verbally?  YES  NO

(b) Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim other than as advised above?  YES  NO

If yes, please attach details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

### **APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM**

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I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact: [privacy-officer@encon.ca](mailto:privacy-officer@encon.ca)

### **DECLARATIONS AND SIGNATURE**

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The undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Important Information About the Collection, Use and Disclosure of Your Personal Information

CSMLS is committed to protecting our members' privacy. This information describes how CSMLS collects, uses, shares and protects the personal information gathered from its members.

### Collection and Use of Personal Information

Personal information is any information about an identifiable person.

CSMLS collects from its members the following personal information:

- name
- address
- telephone number
- email address
- fax number
- employer's name, address, telephone number
- date of birth

For the following identified purposes:

- to process memberships
- to process professional liability insurance
- to mail complimentary subscriptions of the journal (CJMLS)
- to establish eligibility for the CSMLS Member Discount
- to send out information on CSMLS events, programs, and/or services
- to process invoices for events, goods or services
- to provide data for research reports
- to prepare the CSMLS Roster

CSMLS may also collect the following personal information about its members:

- certification history
- participation on volunteer committees and task forces
- participation in continuing education courses
- attendance at LABCON
- provincial society/regulatory body membership

### Disclosure of Personal Information

Other than as stated below, CSMLS does not disclose any personal information to third parties. Unless CSMLS members express that they do not wish to have their personal information disclosed, CSMLS discloses personal information to the following third parties for the following identified purposes:

1. Address information may be given to approved providers of the CSMLS Member Discount Programs so that they can send information to members about their services.

2. Address information may be provided to provincial societies for marketing purposes.

3. Members' names, year of certification, membership status and city and province of residence are published annually in the Roster.

The Roster is published in print form and is posted to the public portion of the CSMLS website.

The *Personal Information Protection and Electronic Documents Act* is federal legislation that governs the collection, use and disclosure of personal information. In accordance with this legislation, we must obtain our members' consent to collect, use and disclose personal information for the purposes stated above.

**If you do not wish to have your personal information disclosed to third parties as described above, please complete the CSMLS Information Consent Section.**

### Security and Safeguards

The importance of security for all personal information collected by CSMLS is of utmost concern to us. All personal information collected by CSMLS is securely stored in a computer database with a level of security appropriate to the sensitivity of the personal information collected. Member records can only be accessed by authorized members of the CSMLS staff.

### Personal Information/Privacy Inquiries

If you have any questions about CSMLS privacy policies and procedures, or if you wish to access your member record, please contact:

Katherine Coles, HR & Operations Coordinator  
Telephone: (800) 263-8277 Ext. 8602  
Fax: (905) 528-4968  
Email: [katherinec@csmls.org](mailto:katherinec@csmls.org)