

## MLT Student Membership

### Applicants from Accredited Training Programs for Medical Laboratory Technology only

Mr.     Miss.     Mrs.     Ms.                      Date of Birth: MM/DD/YY \_\_\_\_\_

Name: \_\_\_\_\_  
Last    (please print above)                      First                      Former Name (if applicable)

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

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

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

**Educational Institution:** \_\_\_\_\_

**Program Type:**     General                       Clinical Genetics                       Diagnostic Cytology

**Start Date:** \_\_\_\_\_  
Month    Day    Year

**End Date:** \_\_\_\_\_  
Month    Day    Year

**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

**Applicant's Statement:**

I understand that acceptance of my student membership application is subject to verification and does not imply eligibility to write the CSMLS certification examination.

I understand that my student membership will expire in accordance with the statement on Page 2 of this application, regardless of the date my student membership was purchased.

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

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

**Membership One \$82.00**     **Membership Two \$ 107.00**

*Membership Fees are non-reundable & non-transferable*

<input type="checkbox"/> Cheque (payable to: <b>CSMLS</b> ) <input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Credit Card # _____ Expiry Date _____ Cardholder: _____ <p style="text-align: center; font-size: small;">(please print clearly)</p>	<b>CSMLS USE ONLY</b> Date Processed: _____ Expiry Date: _____ CSMLS ID# _____                      UsrCrd: _____
--	--

## MLT Student Membership

### Applicants from Accredited Training Programs for Medical Laboratory Technology only

To be eligible for a Student Accredited Membership, you must be enrolled as a full-time student in an accredited MLT training program leading to CSMLS certification. Be sure to enroll as soon as possible to take advantage of all the benefits of CSMLS membership.

Membership One 2 Year Student Membership Fee: \$82.00		Membership Two 4 Year Student Membership Fee: \$107.00
<p><b>Expiry 1:</b> First eligible exam attempt – With successful results on the National Exam, you will be offered Certified Membership and Certificate with CSMLS in your Exam Results</p> <p><b>Expiry 2:</b> Second consecutive exam attempt – Your membership will be extended to the next consecutive exam session to allow you to take advantage of your member discount a second time.</p> <p>To qualify for this option, you must challenge the next exam session – no exceptions or further extensions will be made.</p> <p>The Professional Liability Insurance (PLI) is for Program Clinical Placements only; it will be terminated on your first exam attempt.</p>		

*Membership Fees are non-refundable and non-transferable*

*Fees include taxes and Professional Liability Insurance for Program Clinical Placements only*

#### Benefits You'll Receive:

- ✓ Member Discount on Certification Exam
- ✓ Professional Liability Coverage
- ✓ Subscription to CJMLS
- ✓ Member Discount Programs
- ✓ And More!

#### How to apply for a CSMLS Student Accredited Membership:

You can either apply online at [csmls.org](http://csmls.org) or fill out the application form.

In order to qualify for the member rate for your exam, you must be a member prior to registering for the exam and before the exam application deadline.

#### Privacy:

Please read the privacy agreement and indicate your response on the application form.

Completed forms can be mailed, faxed, or emailed to us. Please find contact information at bottom of application.

## 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)