

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.

OR

Enrollment in a full time (minimum 300 hours) CSMLS approved bridging program (accelerated) medical laboratory training program. Questions or concerns about whether your bridging program meets the criteria should be emailed to: exam@csmls.org before applying for student membership

MEMBERSHIP ONE	MEMBERSHIP TWO
2 Year Student Membership: Fee: \$82	4 Year Student Membership: Fee: \$107

Expiry 1: 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.

Expiry 2: 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.

To qualify for this option, you must challenge the next exam session – no exceptions or further extensions will be made.

The Professional Liability Insurance (PLI) is for Program Clinical Placements only; it will be terminated on your first exam attempt.

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
- Profession 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 or fill out the application form on the back of this page. 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.

Send the completed application and fee to: **CSMLS**
33 Wellington Street North
Hamilton, ON L8R 1M7

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Miss Mrs Ms Mr Date of Birth: MM / DD / YYYY

Last Name (please print above) First Name Initial (former Last Name if applicable)

Address City Province Postal Code

Telephone No. Email

Educational Institution: _____

General Clinical Genetics Diagnostic Cytology

Program Type:

OR

Bridging Full Time CSMLS Approved ****See Page 1 for more information****

Start Date:

Month	Day	Year

End Date:

Month	Day	Year

Privacy Agreement - I have read the privacy agreement and accept the terms with the following options:

- Exclude my name in the list sent to Member Discount Programs/Partners
- Exclude my name in the list sent to CSMLS Partner Provincial Societies
- Exclude my name in the list of certified members (Roster - Print & Web)
- Exclude my name for contact by e-mail by CSMLS only

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 1 of this application, regardless of the date my student membership was purchased.**

Date

Name (please print)

Signature

Membership One - \$82 **Membership Two - \$107**

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Please make cheque or money order payable to: **CSMLS**

I have enclosed my fee of \$ _____ (CDN)
 Cheque/Money Order Master Card Visa AMEX
 Credit Card: _____ / _____ / _____ / _____
 Expiry Date: _____ / _____
 Signature: _____
 Cardholder Name: _____

CSMLS USE ONLY

Date Processed: _____
 ID#: _____
 Credentials: _____
 Membership Expiry Date: _____