



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

Transitional Graduate Membership Application Form

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: _____

I am currently a CSMLS Student Member CSMLS ID#: _____

NOTE: This is a requirement for eligibility to this category of membership

Provincial Regulatory Body: _____ Temporary License #: _____

Transitional Graduate Membership and PLI Expiration Date: **seven days after the date the exam results are released**

Employment Information:

Present Position: _____	Date Started: _____
Employing Institution (name): _____	
A letter, on official letterhead, from your Director or Technical Supervisor, confirming your employment as a Medical Laboratory Technologist must be submitted. **If not submitted, application will be returned**	

Applicant's Statement:

I understand that acceptance of my Transitional Graduate membership application is only an interim membership between the expiration date of my student membership and when the results of the examination are received, that my membership category will be changed dependent on these results, and this information may be shared with my regulator

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.

Signature: _____ Date: _____

Membership Fee	167.00	
PLI Fee	13.00	PST - ONLY residents of ON, SK and QC are required to pay PST on PLI
PST (if applicable)	_____	ON add \$ 1.04 - SK add \$ 0.78 - QC add \$ 1.30
TOTAL FEES:	_____	

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

"A transitional graduate member shall be one who has held membership in Category 2.2 and has completed their educational program, is currently employed as a medical laboratory technologist, and is awaiting the results of the first challenge of the CSMLS certification examination"

Schedule of Benefits					
Subscription to CJMLS	PLI	Member Discount Program	Members Only Website	Member Discounts on CE Courses & LABCON Fees	Member Discounts on Certification Exam
YES	YES	YES	YES	YES	YES