



**Nova Scotia College of Medical Laboratory Technologists
2012 Initial Registration Application**

25 Wentworth Street
Suite 205
Dartmouth, NS B2Y 2S7

Tel: (902) 453-9605
Toll Free: (888) 897-4095
Fax: (902) 454-3535
Website: www.nscmlt.org

Email:
nscmltoffice@ns.aliantzinc.ca

Office Hours:
Mon-Fri: 8 am-4 pm

Personal Information

Last Name: _____ **First Name:** _____ **Initial:** _____

Address: _____

City / Town: _____ **Province:** _____ **Postal Code:** _____

Home Phone No.: _____ **Email:** _____

Date of Birth: _____ / _____ / _____
Month Day Year

Are you a Canadian Citizen: Yes _____ No _____
If no, proper documentation for working in Canada is required

Employment Information

Employment: (District) _____ (Facility) _____
If you do not work in a DHA please enter only name of employer (i.e. Precision BioLogic, CBS, etc.)

Work Phone No.: _____ **Multiple Employment Sites:** Yes _____ No _____
If yes, indicate name of additional site(s): _____

Employment Type: Permanent _____ Temporary _____ Casual _____ Self Employed _____

Employment Status: Full-time _____ Part-time _____

Usual Weekly Hours Worked _____

(check all that apply)

Areas of Practice:

Clinical Chemistry _____	Clinical Genetics _____
Haematology _____	Diagnostic Cytology _____
Histology _____	Immunology _____
Microbiology _____	Specimen Procurement Receipt & Dispatch _____
Blood Transfusion Science _____	Other _____
Point of Care Testing _____	

Main Area of Practice: _____

Second MLT Employment: Yes _____ No _____
If yes, please indicate:

Facility: _____

All areas of practice from list above: _____

Main area of practice: _____

**The NSCMLT accepts
CHEQUE or MONEY
ORDER only**

*We are currently not set
up to accept debit or
credit card payments*

*Payments made payable
to the NSCMLT*

*We do not accept post
dated cheques*

Processing applications takes approximately 1-2 weeks; provided all required documents have been received.

Certification History

Recognized medical laboratory training program

Name of Institute: _____

Year of Graduation: _____ Language of instruction: _____

Area(s) of Study

MLT General Year: _____ **MLT Diagnostic Cytology** Year: _____

MLT Clinical Genetics Year: _____

MLT Subject Year: _____ Subject Area: _____

ART General Year: _____ Subject Area: _____

ART Subject Year: _____ Subject Area: _____

BHSc Medical Laboratory Technology / BMLS Year: _____

Internationally Educated MLTs

If you are an internationally educated MLT seeking employment in Nova Scotia, you must have your education history reviewed by the Prior Learning Assessment (PLA) program offered through the Canadian Society of Medical Laboratory Science. Please visit them at www.csmls.org or call them toll-free 1-800-263-8277

Licensing Requirements

Required Documents

- Copy of your **birth certificate** or **passport**
- Proof of **PLI** (copy of CSMLS Active or Affiliate membership card indicating PLI is acceptable proof)
- Signed copy of the **NS job description** (signed by NS manager or supervisor)
- Copy of current **resume**
- Copy of your **MLT diploma** (also included copies of any other degrees diplomas and certificates that have been obtained)

If applicable:

- **Letter of Good Standing** (required only if previously licensed as a MLT in a regulated province)
- Copy of **PLA Assessment** (see Internationally Educated MLTs note to the left)
- Copy of **Work Visa** or **Canadian Residence Status** (required only if not a Canadian citizen)

Membership Fees

Fee Structure

Administration Fee: **\$75.00**

Practising:	January: \$200.00 _____	July: \$100.00 _____
	February: \$183.00 _____	August: \$ 83.00 _____
	March: \$167.00 _____	September: \$ 67.00 _____
	April: \$150.00 _____	October: \$ 50.00 _____
	May: \$133.00 _____	November: \$ 33.00 _____
	June: \$117.00 _____	December: \$ 17.00 _____

Non-Practising: \$75.00 _____ **Retired:** \$25.00 _____

Total (Administration fee **plus** indicated membership fee): _____

Licensing Fees

The NSCMLT offers pro-rated fees for first time applicants only who are applying for a Practising membership license. Please indicate the appropriate fee in accordance with your NS employment start date.

Declaration

- I am in good standing in the practice of Medical Laboratory Technology and I am not under investigation for my professional conduct by either the College or my Employer.
- I have not been and am not currently the subject of any disciplinary proceedings by either the College or my Employer.
- I have not been convicted of any criminal offence.
- I am competent in both written and oral English.
- I hereby consent to the release of information relevant to the applicant by such references as requested by the Registrar.

Applicant's Signature: _____ **Date:** _____