

Section 8:

8a) A letter of good standing from the Provincial Regulatory Body (ie OCMLT, NBSMLT) is required from a Medical Laboratory Technologist who was previously licensed in a regulated province.

8b) I declare:

I am not nor have I been under investigation for my professional conduct:
And I have not been and not currently the subject of any disciplinary proceedings;
And I have not been convicted of any criminal offense;
And 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: _____

Signature is required for processing of application

Office Use: Received: ____ / ____ / ____	Data Verification ____ / ____ / ____
Processing Completed : ____ / ____ / ____	Fees Processed : ____ / ____ / ____
Mailed: ____ / ____ / ____	.

Recognized medical laboratory training program:

Name of institution: _____

Year of graduation: _____

Language of instruction: _____

Certification History:

Attach copies of relevant certificates/ transcripts

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: _____

Section 7: Fee Structure:

Initial application administration fee

(First time registrants only) _____ \$75.00

Current registration Fee

Practicing Medical Laboratory Technologist _____ \$150.00

Non-Practicing Medical Laboratory Technologist _____ \$ 75.00

Temporary Medical Laboratory Technologist _____ \$ 150.00

Retired Medical Laboratory Technologist _____ \$ 25.00

Please indicate method of payment and the total amount submitted.

Method of payment

Cheque _____

Money Order _____

*** If you are applying for a Practicing or Temporary license then a signed copy of the Nova Scotia job description is required.**

Section 4: PLI (Professional Liability Insurance)

To obtain a practicing license with the NSCMLT the MLT Act requires proof of PLI. PLI may be obtained through the CSMLS. A copy of a current Active or Affiliate CSMLS card indicating proof of PLI is required for a practicing licensure. Has this been obtained?

Yes _____ No _____ (Please include a copy of CSMLS card with application.)

Section 5: Copy of CV or resume

CV or resume should include clinical and non-clinical activities from previous employment as well as a list of all previous employment. CV or resume should be neatly type written.

Section 6: Certification History

As of December 31st, 2004 all applicants to the NSCMLT must be graduates of a recognized medical laboratory technology program.

Copies and or documentation of other degrees, diplomas and certificates that have been obtained must also be provided.

If you are returning to practice and have not been employed as a MLT within the past 5 years, please see the Return to Practice Guidelines and the recognized refresher courses that can be accessed through the Distance Education page on our web site.

www.nscmlt.org

If you are an internationally trained individual seeking employment in this province your previous education history must be reviewed by the Prior Learning Assessment program offered through the Canadian Society of Medical Laboratory Science. The cost for this assessment is \$300.00. Please access this organization through their web site.

www.csmls.org

Has PLA been obtained? Yes _____ No _____ Please provide copy of PLA assessment
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NSCMLT
Halifax Professional Centre
5991 Spring Garden Rd
Suite 265
Halifax NS B3H 1Y6

Nova Scotia College of Medical Laboratory Technologists Initial Registration Application

Section 1: Personal Information

Last Name: _____			First Name: _____			Initial _____		
Address: _____								
City/Town: _____								
Province: _____			Postal Code _____					
Date of Birth: _____ / _____ / _____			Home Phone No: _____					
Month			Day			Year		
Are you a Canadian Citizen: Yes _____ . No _____								
Copies of birth certificates or passport are required for all applicants.								
If you a non-Canadian documentation for working in Canada is also required.								
Email: _____ (if available)								

Section 2: Type of license applying for:

Practicing: _____ complete sections: 4, 5, 6, 7, 8, *

Non-Practicing: _____ complete sections: 4, 5, 6, 7, 8 *

Retired: _____ complete sections: 6, 7, & 8

Temporary: _____ complete sections 4, 5, 6, 7, 8

Section 3: To be completed if you have a current job or have applied for a position

Employer: _____	
Position: _____	Department: _____
If you are currently employed with this employer, then for how long? _____	
Employer Address: _____	
City/Town: _____	Province: _____
Postal Code: _____	
Work Email : _____ (if available)	