



Application for Licensure Reinstatement

Name (please print): _____
Family Name First Name Middle Name

Former Name(s) (if applicable): _____ NSCMLT ID No.: _____

Present Mailing Address: _____
Street
City/Town Province Postal Code

Phone Number (home): _____ (work): _____

Email (home): _____ (work): _____

If reinstating for a Practising Licence:

Employer: _____

Position: _____ Department: _____

Since acquiring original licensure with the NSCMLT, MLTs who have left NS and have practiced as a MLT elsewhere must supply a letter of good standing from MLT Regulatory Body (NB,ON,Sask, AB, Quebec,MB) or the employer (PEI, NFLD, BC , Territories or outside of Canada) when applying for re-instatement with the NSCMLT .

I wish to be reinstated in the following (circle one):

	Practising / Temporary	Non-Practising
Reinstatement Fee:	\$ 50.00	\$ 50.00
NSCMLT Fee:	<u>\$200.00</u>	<u>\$ 75.00</u>
Total Fees:	\$250.00	\$125.00

Please indicate method of payment and total amount submitted: Cheque _____ Money Order _____

Declaration

- I am in good standing in the practice of Medical Laboratory Technology and I am not under investigation for my professional conduct.
- I have not been and am not currently the subject of any disciplinary proceedings.
- I have not been convicted of any criminal offence
- I am competent in both written and oral English.

Applicants Signature: _____ Date: _____

Signature, appropriate registration fees, confirmation of current PLI (Professional Liability Insurance – CSMLS), a current NS MLT job description signed off by employer, a current teKnowledge.ns certificate (if applicable), letter of good standing from provincial regulatory body or employer (if applicable), and proper documentation for working in Canada (if applicable) are required for processing of this application. Please contact the office or visit the NSCMLT website (www.nscmlt.org) for further information if needed.