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 Website [www.nscmlt.org](http://www.nscmlt.org)

## 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: \_\_\_\_\_

MLTs who have left NS in 2006 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 if having worked in (PEI, NFLD, BC , Territories or outside of Canada) when renewing licensure.

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

	Practising / Temporary	Non-Practising
Reinstatement Fee:	\$ 50.00	\$ 50.00
NSCMLT Fee:	<u>\$150.00</u>	<u>\$ 75.00</u>
Total Fees:	\$200.00	\$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 (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](http://www.nscmlt.org)) for further information if needed.*