

NSCMLT Student Application



Return Completed Applications to:
NSCMLT
Halifax Professional Centre
5991 Spring Garden Road
Suite 265
Halifax, NS B3H 1Y6

Phone: 1-902-453-9605
Toll Free Number within Nova Scotia:
1-888-897-4095
Fax: 1-902-454-3535
Registrar E-mail:
nscmltregistrar@ns.aliantzinc.ca

Section 1: Contact Information

NSCMLT/CSMLS Student ID# _____ Birth Date _____
Last Name _____ First Name (or preferred name) _____ Initial _____
Street Address _____ City/Town _____ Prov _____
Postal Code _____ Phone (H) _____ E-mail _____

Section 2: Educational Institution

Name of Educational Institution offering approved Medical Laboratory Technology (MLT) Program which, applicant is currently enrolled:

Section 3: Required Documentation

- A) copy of birth certificate or passport _____
- B) Copy of current CSMLS Student membership card with Professional Liability Insurance (PLI) _____

Section 4: Fee

NSCMLT Student Membership fee: \$10.00 _____
Option of Payment: Cheque _____ or Money order _____

Section 5: Declaration

I declare I am

- A) Presently enrolled in the above mentioned MLT Program and
- B) I have not been and not currently under any disciplinary proceedings and
- C) I am competent in both fluent and written English

Applicants Signature _____ Date: _____