

Registration Year:

New Brunswick Society of Medical Laboratory Technologists
488 rue Centrale
Memramcook, New Brunswick E4K 3S6
Tel: (506) 758-9956 Fax: (506) 758-9963 Email: office@nbsmlt.nb.ca

Registration Form

PERSONAL

See attached page for codes

Registration Number 1. Registration Status (code) Name: 2. NBSMLT Membership Status (code) Street:

a. Regulation Requirement - # of worked hours required, please indicate:

City/Prov: Jan 1 - Dec 31, 2009 hrs Jan 1 - Dec 31, 2012 hrsPostal Code: Jan 1 - Dec 31, 2010 hrs Jan 1 - Dec 31, 2013 hrsTel. Jan 1 - Dec 31, 2011 hrsE-Mail Address: b. PDP Issued PDP Due Date
(year) (year)

4. a. First Year of CSMLS Certification

b. CSMLS Member? Yes ☐ No ☐ c. Membership Status (code) d. Non-CSMLS certified? Yes ☐ No ☐

c. Previous province/Territory/State/Country (if applicable)

of Residence /of Employment /of Registration e. Do you wish to receive your CSMLS card by mail? Yes ☐ No ☐ Registration Number in Previous Jurisdiction d. Other Provincial Registration in 2013 (specify): 5. Gender F ☐ M ☐3. Year of initial registration in New Brunswick 6. Year of Birth 7. I prefer material in English ☐ or French ☐8. I am able to provide services in the following language(s) (code) & If 99, specify language

9A. MLT Education ONLY						9B. Other Education ONLY (Completed only)				
Level	Subject (code)	Training Institute (code)	Graduation Year	Province (code)	At/After Entry to Work Force	Level (code)	Discipline /Faculty (code)	Training Institute	Graduation Year	Province (code)
General RT		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Subject RT	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Bachelor BMLS	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
ART	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
MLT Diploma Only		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> at entry <input type="checkbox"/> after entry	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

10. Continuing Competency Profile					
Certifications and Specializations				Areas of Experience	Areas of Special Interest
Area of Education	Hours	Province (code)	Year of Graduation /Completion		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

11. a. ☐ I went through Bridging or Re-entry education process (refresher course)b. If so; Year Province (code)12. Total number of years employed in MLT 13. Total years employed in MLT in NB 14. If not employed in MLT, seeking employment? Yes ☐ No ☐

15. Professional Liability Insurance:

☐ Personal ☐ Employer ☐ Both ☐ None

16. Initial Province/Territory of Canadian employment in MLT

 Year
(code)17. Current Employment Situation, if not employed as MLT (code)

Registration Year: 2014

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18. EMPLOYMENT: PLEASE COMPLETE EMPLOYMENT PROFILE AS OF DATE OF REGISTRATION

EMPLOYMENT 1:				
A. Employed in MLT? Yes <input type="checkbox"/> No <input type="checkbox"/> B. Employment status (code) <input type="checkbox"/> <input type="checkbox"/> C. Commenced Employment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> Month <input type="checkbox"/> <input type="checkbox"/>				
D. Facility/Agency/Company _____				
E. Street _____ City/Town _____				
Postal Code _____ Province <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Tel.: _____ Fax: _____				
F. Role (code)	G. Service Location (code)	H. Language of Service (code)	I. Area(s) of Practice (code)	J. Average Hours/wk
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> If 99, specify: _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> and <input type="checkbox"/> <input type="checkbox"/> and <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> If 99, specify: _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> and <input type="checkbox"/> <input type="checkbox"/> and <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> If 99, specify: _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> and <input type="checkbox"/> <input type="checkbox"/> and <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
EMPLOYMENT 2:				
A. Employed in MLT? Yes <input type="checkbox"/> No <input type="checkbox"/> B. Employment status (code) <input type="checkbox"/> <input type="checkbox"/> C. Commenced Employment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> Month <input type="checkbox"/> <input type="checkbox"/>				
D. Facility/Agency/Company _____				
E. Street _____ City/Town _____				
Postal Code _____ Province <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Tel.: _____ Fax: _____				
F. Role (code)	G. Service Location (code)	H. Language of Service (code)	I. Area(s) of Practice (code)	J. Average Hours/wk
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> If 99, specify: _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> and <input type="checkbox"/> <input type="checkbox"/> and <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> If 99, specify: _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> and <input type="checkbox"/> <input type="checkbox"/> and <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> If 99, specify: _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> and <input type="checkbox"/> <input type="checkbox"/> and <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>

By signing this registration form, I hereby agree to be bound to and comply with the terms of the MLT act, By-Laws and Rules of the New Brunswick Society of Medical Laboratory Technologists.

Signature: _____ Dues Paid: _____ Date: _____

☐ VISA ☐ Cheque ☐ Payroll Deduction VISA #: _____ Exp: _____

Office Use Only: Date Received _____

Amount Received _____