Registration Year: 2016

New Brunswick Society of Medical Laboratory Technologists
489, ave Acadie Ave
Suite 206/unité 206
Dieppe NB E1A 1H7
Tel: (506) 855-0547

Registration Form

PERSONAL
Registration Number

Name:
Street:
City/Prov:
Postal Code:
Tel.
E-Mail Address:

See attached page for codes

1. Registration Status (code)

2. NBSMLT Membership Status (code)

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

Jan 1 - Dec 31, 2011 _____ hrs
Jan 1 - Dec 31, 2012 _____ hrs
Jan 1 - Dec 31, 2013 _____ hrs
Jan 1 - Dec 31, 2014 _____ hrs
Jan 1 - Dec 31, 2015 _____ hrs

b. PDP Issued (year) PDP Due Date (year)

4. a. First Year of **CSMLS** Certification
b. **CSMLS** Member? Yes ☐ No ☐
c. Membership Status (code)
d. Non-CSMLS certified? Yes ☐ No ☐
e. Do you wish to receive your CSMLS card by mail? Yes ☐ No ☐

c. Previous province/Territory/State/Country (if applicable)
of Residence /of Employment /of Registration

Registration Number in Previous Jurisdiction _____

d. Other Provincial Registration in 2014 (specify): _____

3. Year of initial registration in New Brunswick

5. Gender F ☐ M ☐

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

Level	Subject (code)	Training Institute (code)	Graduation Year	Province (code)	At/After Entry to Work Force
General RT					☐ at entry ☐ after entry
Subject RT					☐ at entry ☐ after entry
Bachelor BMLS					☐ at entry ☐ after entry
ART					☐ at entry ☐ after entry
MLT Diploma Only					☐ at entry ☐ after entry

9B. Other Education ONLY (Completed only)

Level (code)	Discipline /Faculty (code)	Training Institute	Graduation Year	Province (code)

10. Continuing Competency Profile

Certifications and Specializations

Area of Education	Hours	Province (code)	Year of Graduation /Completion	Areas of Experience	Areas of Special Interest

11. a. I went through Bridging or Re-entry education process (refresher course)
☐ Yes ☐ No
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
(code) Year

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

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

EMPLOYMENT 1: **A.** Employed in MLT? Yes ☐ No ☐ **B.** Employment status (code) ☐☐ **C.** Commenced Employment ☐☐☐☐ Year ☐☐ Month

D. Facility/Agency/Company _____

E. Street _____ City/Town _____

Postal Code _____ Province ☐☐☐

Tel.: _____ *Fax:* _____

☐ I work at multiple sites for this employer

☐ I participate in clinical education/preceptor programs

F. Role (code)	**G.** Service Location (code)	**H.** Language of Service (code)	**I.** Area(s) of Practice (code)	**J.** Average Hours/wk
☐☐	☐☐ If 99, specify: _____	☐☐	☐☐ and ☐☐ and ☐☐	☐☐.☐
☐☐	☐☐ If 99, specify: _____	☐☐	☐☐ and ☐☐ and ☐☐	☐☐.☐
☐☐	☐☐ If 99, specify: _____	☐☐	☐☐ and ☐☐ and ☐☐	☐☐.☐

EMPLOYMENT 2: **A.** Employed in MLT? Yes ☐ No ☐ **B.** Employment status (code) ☐☐ **C.** Commenced Employment ☐☐☐☐ Year ☐☐ Month

D. Facility/Agency/Company _____

E. Street _____ City/Town _____

Postal Code _____ Province ☐☐☐

Tel.: _____ *Fax:* _____

☐ I work at multiple sites for this employer

☐ I participate in clinical education/preceptor programs

F. Role (code)	**G.** Service Location (code)	**H.** Language of Service (code)	**I.** Area(s) of Practice (code)	**J.** Average Hours/wk
☐☐	☐☐ If 99, specify: _____	☐☐	☐☐ and ☐☐ and ☐☐	☐☐.☐
☐☐	☐☐ If 99, specify: _____	☐☐	☐☐ and ☐☐ and ☐☐	☐☐.☐
☐☐	☐☐ If 99, specify: _____	☐☐	☐☐ and ☐☐ and ☐☐	☐☐.☐

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: _____

☐ Cheque ☐ Payroll Deduction ☐ For other payment options check online at www.nbsmlt.ca in the members section

I understand, by submitting my personal information, I am agreeing to register with my Health Regulatory Body, to which both the Association and the New Brunswick Department of Health will have access. I understand they will use this information only to provide me with pertinent information related to my profession.

Office Use Only: Date Received _____ Amount Received _____