

Registration Year:

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

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, 2014 _____ hrs Jan 1 - Dec 31, 2017 _____ hrs

Postal Code: _____

Jan 1 - Dec 31, 2015 _____ hrs Jan 1 - Dec 31, 2018 _____ hrs

Tel. _____

Jan 1 - Dec 31, 2016 _____ hrs

E-Mail Address: _____

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

4. a. First Year of CSMLS Certification

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

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 Registration Number in Previous Jurisdiction _____

d. Other Provincial Registration in 2016 (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"/>
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"/>
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"/>
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"/>
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"/>

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"/>
<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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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
 Year
 (code)

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
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> If 99, specify: _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/> and <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"/> If 99, specify: _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/> and <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"/> If 99, specify: _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> If 99, specify: _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/> and <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"/> If 99, specify: _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/> and <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"/> If 99, specify: _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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 _____