

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)

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

Street: \_\_\_\_\_

Jan 1 - Dec 31, 2015 \_\_\_\_\_ hrs Jan 1 - Dec 31, 2018 \_\_\_\_\_ hrs

City/Prov: \_\_\_\_\_

Jan 1 - Dec 31, 2016 \_\_\_\_\_ hrs Jan 1 - Dec 31, 2019 \_\_\_\_\_ hrs

Postal Code: \_\_\_\_\_

Jan 1 - Dec 31, 2017 \_\_\_\_\_ hrs

Tel. \_\_\_\_\_

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)

b. CSMLS Member? Yes  No

of Residence  /of Employment  /of Registration

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 2017 (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"/>
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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"/>
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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](http://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 \_\_\_\_\_