

**APPLICATION FORM FOR
MEDICAL LABORATORY ASSISTANTS/TECHNICIANS
CERTIFICATION EXAMINATION** - rev. May 2011

Please print: FIRST NAME
Ms./Miss/Mrs./Mr.

LAST NAME

***IF YOUR NAME IS DIFFERENT FROM THE NAME ON ENCLOSED DOCUMENTS, PLEASE PROVIDE AN EXPLANATION AND VALIDATE CURRENT NAME WITH A PHOTOCOPY OF A PASSPORT OR CURRENT DRIVER'S LICENSE SHOWING THE NAME AS YOU NOW USE**

MAILING ADDRESS: STREET APT/UNIT #

CITY/TOWN PROVINCE POSTAL CODE

PHONE NO. (home) () (bus.) ()

Application Status:

- A - Student** - Currently enrolled in an OSMT approved training program
- B - Graduate** - Completed diploma course **within last (5) years (diploma attached)**
- C - Special Consideration** - Applicants who do not meet one of the above criteria may submit an application under special consideration status. The application must be accompanied by: **1)** a resume, **2)** a letter from your employer stating position held, length of time in the position, and a list of duties performed, **3)** the Canadian Experience Verification Form completed and signed by your supervisor, **4)** an academic credentials assessment report, and **5)** a copy of a diploma/degree from the highest level of education received in the science field. Please note that all applications are reviewed by the Committee and not by the office staff.

FOR OSMT OFFICE USE ONLY	EXAM ID No. _____
Dates: this application received on _____	
application fee received on _____	
examination fee received on _____	
missing document(s) _____	
<input type="checkbox"/> APPROVED <input type="checkbox"/> CONDITIONALLY APPROVED <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> REJECTED	
Reasons: _____	

SIGNATURE	DATE

CATEGORY C - SPECIAL CONSIDERATION

EDUCATION SUMMARY - complete information for your highest level of education.

NAME OF TRAINING INSTITUTION

CITY/TOWN/AND CAMPUS LOCATION PROVINCE/COUNTRY

ATTENDED: FROM _____ TO _____
MONTH/YEAR MONTH/YEAR

COMPLETED: _____
PROGRAM OR GRADE

- *Proof of program completion will be required - must submit a copy of the diploma
- *Foreign trained applicants must submit an Academic Credentials Assessment letter
- *Candidates must complete the Canadian Experience Verification Form included with this application

EMPLOYMENT SUMMARY (experience in the health sciences field only)

NAME OF MOST RECENT EMPLOYER POSITION

CITY/TOWN PROVINCE

WORKED: PART-TIME FROM _____ TO _____
MONTH/YEAR MONTH/YEAR

WORKED: FULL-TIME FROM _____ TO _____
MONTH/YEAR MONTH/YEAR

* Proof of employment must be provided on company letterhead

ALL APPLICANTS TO COMPLETE AND SIGN BELOW

Have you applied to write the OSMT MLA/T Certification examination previously?

NO YES, which year(s) _____

Have you written the OSMT MLA/T Certification examination previously?

NO YES, which year(s) _____

I certify that the above information contained herein is true and correct.

SIGNATURE DATE

Set application fee of \$65.00 plus HST (\$73.45 non-refundable). DEADLINE FOR RECEIPT OF APPLICATION IS **July 4, 2011** or closest business day.

Set examination fee of \$150.00 plus HST (\$169.50) is payable upon receipt of notification of approval. DEADLINE FOR RECEIPT OF EXAMINATION FEE IS **August 19, 2011** or closest business day. **Please note that photo identification will be required at the examination site.**

Request to Withdraw must be made in writing by **September 16, 2011** in order to receive a refund. A \$45 administrative fee will apply.

POST-DATED CHEQUES ARE NOT ACCEPTABLE. Make cheques or money orders payable to the OSMT and forward with your application and documentations to:

**Ontario Society of Medical Technologists
234 Eglinton Ave E., Suite 402
Toronto, ON M4P 1K5**

Direct any questions/enquiries to: (416) 485-6768 / 1-800-461-6768

Fax: (416) 485-7660

E-mail: osmt@osmt.org

Web Site: www.osmt.org

USE THIS FORM TO PAY YOUR APPLICATION FEE
BY CREDIT CARD FOR THE 2011 OSMT
CERTIFICATION EXAMINATION FOR
MEDICAL LABORATORY ASSISTANTS/TECHNICIANS.

APPLICANT NAME: _____

Please charge the 2011 Application Fee of \$73.45 (\$65 plus HST) to:

Card Number _____ **VISA** _____

Cardholder Name _____ **MasterCard** _____

Valid from _____ **Expiry date** _____

Cardholder Signature _____

Do not staple to your application. If credit card is being used to pay for more than one application, make a copy of this form and complete separately for each application.

Office use only: Entry Date _____ Authorization # _____

**Canadian Experience Verification Form
(for Special Consideration Applicants Only)**

Verification of Canadian Experience
(form to be completed by supervisor/employer)

This is to certify that _____ has:
(print applicant's name)

The applicant must have the minimum requirements below in order to be considered as a candidate for the exam.

A. completed _____ successful phlebotomy procedures. (minimum requirement: 20)

Supervisor's Name (please print) & Position (please print) Phone Number

Start-day/month/year _____ & end – day/month/year _____

Signature Institution

B. completed _____ successful ECG procedures. (minimum requirement: 10)

Supervisor's Name (please print) & Position (please print) Phone Number

Start-day/month/year _____ & end – day/month/year _____

Signature Institution

C. completed _____ hours of practical experience in a medical testing facility*.
(minimum requirement: 80 hours)

* A testing facility is a laboratory licensed under the "Laboratory and Specimen Collection Centre Licensing Act" where the candidate is/has performing/performed technical functions within the scope of practice of a medical laboratory assistant/technician..

Supervisor's Name (please print) & Position (please print) Phone Number

Start-day/month/year _____ & end – day/month/year _____

Signature Institution