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**For CCM Office Use Only (F01-2011-02-GAF)**

Date Received	Date of Eligibility	Date of Examination	Date of Certification

**GENERAL APPLICATION FORM**

- Application for: [ ] Registered Microbiologist (**RMCCM**)  
 [ ] Specialist Microbiology (**SCCM**)  
     o Medical Laboratory Science [SCCM(MLS)]  
     o Environmental Microbiology [SCCM(ENV)]  
     o Commercial/Industrial Microbiology [SCCM(COM/IND)]  
 [ ] Academic and Research Microbiology (**ARMCCM**)

*Note: The **FCCM** application process requires a separate form (available at [www.ccm.ca](http://www.ccm.ca))*

Name in full (surname, initial, first): \_\_\_\_\_

Date of birth (year, month, day): \_\_\_\_\_

Place of birth (city, province/state, country): \_\_\_\_\_

Nationality: \_\_\_\_\_

Business address including postal code: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Business fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Residence address including postal code: \_\_\_\_\_

Residence telephone: \_\_\_\_\_

Residence fax: \_\_\_\_\_

Residence E-mail: \_\_\_\_\_

Which address would you prefer for CCM correspondence? Business \_\_\_\_\_ or Residence \_\_\_\_\_

**ACADEMIC RECORD**

**1. UNDERGRADUATE STUDIES – Please attach a copy of transcripts**

Year	University/Institution	Degree awarded	Department/Program

- You **must include** certified copies of relevant Certificates, Diplomas, or Degrees or attach an Official Transcript from the Registrar of the issuing entity.
- The evaluation of the Courses and Subjects submitted as prerequisite for the examination are based on the Official Transcripts submitted by the Candidate.
- Degrees obtained outside of Canada require an assessment of their equivalence to those offered by Canadian degree programs. Most Canadian universities provide such an assessment, for example, the Comparative Education Department of the University of Toronto. Another resource for assessment is the CICIC, available at URL: (<http://www.cicic.ca/415/credential-assessment-services.canada>).

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO OBTAIN AN ACCEPTABLE CERTIFICATE OF EQUIVALENCE.**

**2. ADDITIONAL CONTINUING EDUCATION COURSES OR PROJECTS**

**Please attach extra pages as required**

Type of Activity:	
Location:	
Year:	
Duration (hours, days or weeks):	
Name of Supervisor or Instructor:	

**3. GRADUATE STUDIES**

a. Courses taken (please include relevant transcripts)

Year	University	Program or Subject	Degree Awarded


b. Subject of thesis or research project/investigation


**4. SCHOLARSHIPS, FELLOWSHIPS, AWARDS AND SPECIAL HONOURS**

Year	Detail	Awarding Institution

**5. POST-DOCTORAL OR SPECIALIZATION TRAINING**

Year	Institution	Program	Duration

**6. TEACHING EXPERIENCE (attach teaching dossier if available)**


**7. LIST OF PUBLICATIONS (please attach bibliography if available)**

**PROFESSIONAL WORK EXPERIENCE**

**Please start with your first full-time salaried position. Attach additional pages of the same size as this application if necessary.**

<b>Employer:</b>	
Address of employer:	
Dates of employment:	Start date Last day of employment
Immediate supervisor:	
Position(s) held:	
Duties:	
<b>Employer:</b>	
Address of employer:	
Dates of employment:	Start date Last day of employment
Immediate supervisor:	
Position(s) held:	
Duties:	
<b>Employer:</b>	
Address of employer:	
Dates of employment	Start date Last day of employment
Immediate supervisor:	
Position(s) held:	
Duties:	

## REFERENCES

List three persons not related to you.

- ❖ One must be a recognized microbiologist who has personal knowledge of your work experience as a microbiologist;
- ❖ One must be a professor of a university, college or institute of technology who can knowledgeably comment on your academic achievements;
- ❖ One must be an individual of your choice who can comment of your general good character and sound ethics.

Reference 1:	Name:		
	Position:		
	Contact Address:		
	Telephone:	E-mail address:	Fax:
Reference 2:	Name:		
	Position:		
	Contact Address:		
	Telephone:	E-mail address:	Fax:
Reference 3:	Name:		
	Position:		
	Contact Address:		
	Telephone:	E-mail address:	Fax:

**I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION FORM AND IN THE ATTACHED DOCUMENTS IS TRUE AND CORRECT.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Application**

## FEES

Fees listed are applicable as of January 1, 2011.

The table lists the fees per CCM category required for:

- Application
- Annual Membership (included in first year application fee)
- Recertification (once every 5 years)

Category:	Application fee \$ CDN (includes exam cost if applicable)	Annual Membership dues: (payable January 1)	Recertification fee (once every 5 years):
1. AM* (in any category)	See specific category	\$110.00	Not applicable
2. RM	\$110.00	\$110.00	\$20.00
3. SCCM (all categories)	\$110.00	\$110.00	\$50.00
4. ARM	\$110.00	\$110.00	\$50.00
5. FCCM	\$450.00	\$110.00	\$150.00
6. Emeritus (retired in any category)	Not applicable	\$ 25.00	Not applicable

\*Associate Microbiologist (candidates whose application has been approved) Temporary status

**Make cheques or money orders payable to the Canadian College of Microbiologists.**

PLEASE SUBMIT THE COMPLETED APPLICATION AND THE APPLICATION FEE TO :

**DR. MARC DESJARDINS, CCM TREASURER**  
**THE OTTAWA HOSPITAL**  
**501 SMYTH RD**  
**OTTAWA, ONTARIO CANADA K4A 0A3**

**TEL: 613-737-8899 EXT 72242**

**E-MAIL: [madesjardins@ottawahospital.on.ca](mailto:madesjardins@ottawahospital.on.ca)**