



**RECIPROCITY APPLICATION FORM: FCCM**  
**For applicants who are Diplomates of the ABMM**

<b>For CCM Office Use Only:</b> Date Received	Date of Review	Date of Certification
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**PLEASE write in CAPITAL LETTERS**

Name in full (surname, initial, first):as you want it to appear in the certificate:
Date of Birth (year, month, day)
Nationality:
Business address including zip code:
Business telephone: Business FAX:
Business Email:
Residence address including zip code:
Residence telephone:
Residence Email:
ABMM Certification Number:
Last Date of ABMM Recertification:

Attachments:

1. Copy of ABMM certificate
2. When appropriate, copy of the letter of Re-certification
3. Copy of Résumé (Short form preferred)
4. Processing fee: CAN\$75.00 Annual membership fees: CAN\$ 110.00 **Total: \$185.00**

**Make cheque, money order or Bank draft payable to: Canadian College of Microbiologists**



I hereby certify that I am requesting reciprocal certification as an FCCM member of the Canadian College of Microbiologists. I verify that the information that I have provided is correct and that I am a member in good standing with the American College of Microbiology.

Signature: \_\_\_\_\_

Mail the completed application with all attachments to :

**The Canadian College of Microbiologists  
Dr. Heather Adam  
Diagnostic Services of Manitoba  
MS675F - 820 Sherbrook St.  
Winnipeg, MB R3A 1R9  
Tel: 204-787-8678  
email: [hadam@exchange.hsc.mb.ca](mailto:hadam@exchange.hsc.mb.ca)**