

Canadian College
of
Microbiologists



Collège Canadien
des
Microbiologistes

Office of the Registrar
356 - 1568 Merivale Road
Ottawa, Ontario
Canada. K2G 5Y7
www.ccm.ca

For CCM Office Use Only (form revised 2010)

Date Received	Date of Eligibility	Date of Examination	Date of Certification

GENERAL APPLICATION FORM

Application for:

- Registered Microbiologist (RMCCM)
 - Specialist Microbiology (**SCCM**)
 - Medical Laboratory Science [SCCM(MLS)]
 - Environmental Microbiology [SCCM(ENV)]
 - Commercial/Industrial Microbiology [SCCM(COM/IND)]
 - Academic and Research Microbiology (**ARM**)
 - Fellow (**FCCM**) A separate form is required for the FCCM application process (see website www.ccm.ca for printable form)

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/programme

- 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 REREQUISITE FOR THE EXAMINATION WILL BE MADE ON THE BASIS OF 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 INSTANCE, THE COMPARATIVE EDUCATION DEPARTMENT OF THE UNIVERSITY OF TORONTO. ANOTHER SOURCE FOR ASSESSMENT IS THE CICIC (SEE THE WEB SITE)**

<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	Programme 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	Programme	Duration

6. TEACHING EXPERIENCE (attach teaching dossier if available)

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

8. PROFESSIONAL WORK EXPERIENCE

Please start with your first full-time salaried position. Additional pages of the same size as this application may be attached if necessary

Employer:		
Address of employer:		
Dates of employment:	Start date	Last day of employment
Immediate supervisor:		
Position(s) held:		
Duties:		
Employer:		
Address of employer:		
Dates of employment:	Start date	Last day of employment
Immediate supervisor:		
Position(s) held:		
Duties:		
Employer:		
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 number: _____

Fax number: _____

E-mail address: _____

Reference 2:

Name: _____

Position: _____

Contact address: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

Reference 3:

Name: _____

Position: _____

Contact address: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

CATEGORIES OF CERTIFICATION AND FEES

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

Registered Microbiologist (RM)

Specialist Microbiologist (SCCM)

Medical Laboratory Science SCCM(MLS)

Commercial/Industrial Microbiology SCCM(COM/IND)

Environmental Microbiology SCCM(ENV)

Academic and Research Microbiologist (ARM)

Fellow of the Canadian College of Microbiologists (FCCM)

Specializing in Clinical Microbiology

Category:	Application fee (includes exam cost if applicable)	Yearly dues:	Recertification fee (once every 5 years):
1. AM (in any category)	See specific category	\$100.00	Not applicable
2. RM	\$100.00	\$100.00	\$20.00
3. SCCM (all categories)	\$100.00	\$100.00	\$50.00
4. ARM	\$100.00	\$100.00	\$50.00
5. FCCM	\$450.00	\$100.00	\$75.00
6. Emeritus (retired in any category)	Not applicable	\$ 25.00	Not applicable

* As of Jan 1, 2007 these fees are applicable. Fees are in \$ CDN. **Cheques or money orders only and should be made payable to the Canadian College of Microbiologists**

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

PLEASE SUBMIT THE COMPLETED APPLICATION AND THE APPLICATION FEE (SEE TABLE OF FEES ABOVE) TO

THE Registrar,
Canadian College of Microbiologists,
Collège Canadien des Microbiologistes
356-1568 Merivale Road ,
Ottawa, Ontario,
Canada K2G 5Y7,