

*Canadian College of
Microbiologists*



*Collège Canadien des
Microbiologistes*

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

For CCM Office Use Only: 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\$ 100.00 **Total: \$175.00**

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
Raoul R. Korngold Ph.D.,RMCCM
Registrar
356-1568 Merivale Road
Ottawa, Ontario
Canada K2G 5Y7**