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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)*

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.

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:	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