



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\$ 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**