

CCCPLS Certification Application Form

CCCPLS CERTIFICATION APPLICATION FORM

1. Upload confirmation of payment (STEP 1) *

Browse...

2. Upload signed Confidentiality Agreement document *

Browse...

3. PERSONAL CONTACT INFORMATION *

First Name

Last Name

Address

City

Province/State (ie. ON, BC, AB
etc...)

Postal Code/Zip

Country

Email Address

Confirm Email Address

4. EMPLOYMENT INFORMATION

Title

Institution

Address

City

Province/State (ie. ON, BC, AB
etc...)

Postal Code/Zip

Country

Work Email Address

Confirm Email Address

MEMBERSHIP TYPE

5. Membership Type *

- Biopsy Processing Certification
- Simple Dissection Certification
- Autopsy Technician Certification

APPLICATION ROUTE

6. Application Route for Membership Type - Autopsy Technician Certification *

- Route 1 - BSc or BHSc degree/MLT
- Route 2 - 1 year science-based post-secondary education/MLA
- Route 3 - 5 years of full-time equivalent direct autopsy experience

EDUCATION - Biopsy Processing Certification

7. Post-Secondary Education *

Institution

Location

Program Name

Graduation Year

8. Upload a copy of your transcript(s) of 2 years science-based post-secondary education (human anatomy, medical terminology, WHMIS course, medical ethics). Alternatively, skip to the next question and submit current MLA/technician certification instead.

Browse...

9. Upload a copy of your current CSMLS (or equivalent) Medical Laboratory Assistant or technician certification including the certification number.

Browse...

EDUCATION - Simple Dissection Certification

10. Post-Secondary Education *

Institution

Location

Program Name

Graduation Year

11. Upload a copy of your transcript(s), as one document, for your BSc or BHSc degree to include the following courses: human anatomy and physiology (6 credits/2 semesters/or equivalent), medical terminology, WHMIS course, medical ethics). Alternatively, skip to question 13 and submit current MLT certification instead.

Browse...

12. Upload a copy of your current CSMLS (or equivalent) Medical Laboratory Technologist certification including the certification number.

Browse...

EDUCATION - Autopsy Technician Certification Route 1 (BSc/BHSc/MLT)

13. Post-Secondary Education *

Institution

Location

Program Name

Graduation Year

14. Upload a copy of your transcript(s) for your BSc or BHSc degree (to include the following courses: human anatomy and physiology (6 credits/2 semesters/or equivalent), medical terminology, WHMIS course, medical ethics). Alternatively, skip to the next question and submit current MLT certification instead.

Browse...

15. Upload a copy of your current CSMLS (or equivalent) Medical Laboratory Assistant or technician certification including the certification number.

Browse...

EDUCATION - Autopsy Technician Certification Route 2 (1 year of science-based post-secondary education/MLA)

16. Post-Secondary Education *

Institution

Location

Program Name

Graduation Year

17. Upload a copy of your transcript of 1 year science-based post-secondary education (human anatomy, medical terminology, WHMIS course, medical ethics). Alternatively, skip to the next question and submit current MLA/technician certificate instead.

Browse...

18. Upload a copy of your current CSMLS (or equivalent) Medical Laboratory Assistant or technician certification including the certification number.

Browse...

EMPLOYMENT HISTORY AND DIRECT GROSSING EXPERIENCE-BIOPSY PROCESSING CERTIFICATION AND SIMPLE DISSECTION CERTIFICATION

19. Upload a letter from your Human Resources Department (HR) documenting MLA/MLT/technician employment history.

Browse...

20. Upload a supplemental letter from a supervisor stating that the applicant has met the minimum direct grossing experience time requirement for the specific certification type that the applicant is applying for.

Browse...

21. Hours of Employment 1 year “full time” is a minimum of 1800 hours inclusive of vacation time.

Hours of Employment
1

Hours of Employment
2

Hours of Employment
3

Hours of Employment
4

Hours of Employment
5

Total : 0

22. EMPLOYER 1

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

23. EMPLOYER 2

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

24. EMPLOYER 3

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

25. EMPLOYER 4

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

26. EMPLOYER 5

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

EMPLOYMENT HISTORY AND AUTOPSY EXPERIENCE-AUTOPSY CERTIFICATION Routes 1&2

27. Upload a supplemental letter from a supervisor stating that the applicant has met the minimum direct autopsy experience time requirement for the specific route that the applicant is applying for. *

Browse...

28. Hours of Employment 1 year “full time” is a minimum of 1800 hours inclusive of vacation time.

Hours of Employment
1

Hours of Employment
2

Hours of Employment
3

Hours of Employment
4

Hours of Employment
5

Total : 0

29. EMPLOYER 1 *

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

30. EMPLOYER 2

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

31. EMPLOYER 3

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

32. EMPLOYER 4

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

33. EMPLOYER 5

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

34. Assessor Eligibility Requirements & Undertaking Form

[Browse...](#)

35. Download, sign and upload the Biopsy Experience Checklist

[Browse...](#)

36. Download, sign and upload the Simple Dissection Checklist

[Browse...](#)

EXPERIENCE CHECKLIST – AUTOPSY TECHNICIAN CERTIFICATION (ALL ROUTES)

37. Assessor Eligibility Requirements & Undertaking Form

[Browse...](#)

38. Download, sign and upload the Autopsy Technician Recommendation Form

[Browse...](#)

EMPLOYMENT HISTORY AND AUTOPSY EXPERIENCE – AUTOPSY CERTIFICATION ROUTE 3

39. Upload a letter from your Human Resources Department (HR) documenting employment history.

Browse...

40. Upload a supplemental letter from a supervisor stating that the applicant has met the minimum direct autopsy experience time requirement for the specific route that the applicant is applying for.

Browse...

41. Hours of Employment 1 year “full time” is a minimum of 1800 hours inclusive of vacation time.

Hours of Employment
1

Hours of Employment
2

Hours of Employment
3

Hours of Employment
4

Hours of Employment
5

.....
Total : 0

42. EMPLOYER 1

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

43. EMPLOYER 2

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

44. EMPLOYER 3

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

45. EMPLOYER 4

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)

46. EMPLOYER 5

Employer

Job
Title

Location

Start Date (dd-mm-
yyyy)

End Date (dd-mm-
yyyy)

Work Hours/Week

Supervisor (First/Last Name, Title,
Email)