# CAMEROON ASSOCIATION FOR MEDICAL LABORATORY SCIENCE (CAMELS)

Motto: *Knowledge-Service-Humanity*

An Association in official collaboration with the Cameroon Ministry of Public Health and Affiliated to the International Federation for Medical Laboratory Science; IFBLS.

Reg no 0041/E29/1111/vol8/APPB – MINAT

No L 32-37/L/MINSANTE/SESP/SG/DCOOP/CPNAT/CEA2- of 13/06/2012 - MOH

PHOTOS

***MEMBERSHIP APPLICATION FORM***

1. Name and Surname :.....
2. Date and Place of Birth.....Place.....
3. Nationality.....
4. Home Address.....
5. Email Address .....Cell Phone.....
6. Job/Training Address .....
7. School Trained At.....
8. Professional Certificate Obtained or Anticipated .....
9. Category of Membership Applying for (Tick One):

   ☐ Student Member (Trainees in any Authorized Institutions)
   ☐ Category 1 Member (Associate Lab Dip but without initial Lab Diploma)
   ☐ Category 2 Member (Holders of ASOL, ATMS, TAL, TMS)
   ☐ Category 3 Member (Holders of TPMS, DSEP, BTS,HND ,BMLS, AIMLS )
   ☐ Category 4 Member ( Holders of MSc ,FIMLS,DMLS,PhD In Any Lab Specialty )
   ☐ Category 5 Member ( Medicin- Biologiste & Pharmacien –Biologiste Diplomas)
10. Membership of other Professional Associations or societies .....
    .....
11. Registration ..... 5.000 FCFA ( Applicable to all Members )
12. Annual Dues
    ☐ Student Member .....1.000 FCFA every year
    ☐ Full Member (all categories).....10,000 FCFA every year

***DECLARATION***

*1- I, the Undersigned , wish to apply for membership into the Cameroon Association for Medical Laboratory Sciences ( CAMELS).*

*2- I also agree that in the event of my admission to Membership of the Association I will be governed by the rules and regulations of the Association and the ethics of the practise of the profession, in place now and/or as they may hereafter be modified .*

3- *I equally pledge my total commitment, at all times, as far as it is within my reach, to advance the objectives of the Association .*

4- *I finally agree that in case i m found guilty of any act of professional misconduct I shall be suspended from the association and the.practise of the profession of Medical Laboratory Science for a period that shall be determined by the National Executive Council*

5- *Name and Surname* .....

*Signature* .....*Date*..... *At*.....

***RECOMMENDED BY:***

| *NAMES* | *STATUS* | *BRANCH* | *SIGNATURE* |
|---|---|---|---|
| ..... | ..... | ..... | ..... |

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**FINAL DECISION (FOR OFFICIAL USE ONLY)**

**YOUR MEMBERSHIP APPLICATION HAS BEEN:**

1. ***ACCEPTED*** ☐ ***2. REJECTED*** ☐

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***NB : DOCUMENTS REQUIRED***

1. Copy of National ID Card
2. Copy of Professionnal Certificate/Diploma
3. Two Passport Size Photographs (most recent, colour and on white background)
4. School Attendance Attestation for Students
5. Detailed CV

**ENTITLEMENTS**

1. Renewable Professional Card.
2. Annual Recognition Licence
3. Copy of the Constitution ( On Purchase)

***CONTACTS: camelsnationalcouncil@gmail.com***