

# Fiji Institute of Medical Laboratory Science

*"Promoting Continuous Education Research and Development"*

TIN Number: 60-48447-0-5

P O Box 10637  
Laucala Beach Estate  
Fiji

**President:** Sakiusa Baleivanualala

**Vice President Cent/East:** Keshvi Lal Sukul PH: (+679) 9487379

**Vice President West:** Jignesh Sharma PH: (+679) 9259419

**Secretary:** Sharon Gaundan PH: (+679) 8601925

**Assistant Secretary:** Roddy Narayan PH: (+679) 9943940

**Treasurer:** Mustaqim Khan PH: (+679) 9245875

**Assistant Treasurer:** Premika Charan PH: (+679) 9326492



## FIMLS Membership Renewal Form- FIMLSF-02

### **Section A- Personal Details**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

FIMLS Registration Number: \_\_\_\_\_ TIN Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Contact Details: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Email Address: \_\_\_\_\_

### **Section B- Employment Details**

Employer Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Number of years at Current Position: \_\_\_\_\_ Years of Service: \_\_\_\_\_

### **Section C- Continuous Professional Development Activities**

**(Submit Proof of CPD Activities for the past 12 months)**

Qualification Obtained:

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Name of Institution & Year of Graduation:

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## FIMLS Membership Renewal Form- FIMLSF-02

Publication/Reviews:

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Professional Affiliations:

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Short Courses/Training/Workshop Attended/Presentations

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### **Section D- Membership Renewal** (place a tick beside your choice. Subscription fees are in FJD)

**Medical Laboratory Scientist (Specialisation)- \$100**

**Medical Laboratory Scientist- \$90**

**Laboratory Technician (Diploma Level)- \$70**

**Laboratory Assistant (Certificate Level)- \$60**

**Phlebotomist- \$50**

**Associate Membership (subject to approval)- \$40**

**Affiliate Membership- \$150**

### **Section E- Payment Details** (write your name in the narration column of the deposit slip)

**Bank Name: Bank of South Pacific**

**Account Number: 8166593**

**Account Name: FIJI INSTITUTE OF MEDICAL LABORATORY SCIENCE**

**Branch: Pacific House**

**BSB Code: 069002**

**Swift Code: BOSPFJFJ**

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## FIMLS Membership Renewal Form- FIMLSF-02

### **Section F- Declaration**

I understand and agree that:

- I have read, understood and answered all the questions and the particulars provided by me are true and correct.
- I hereby indemnify the FIMLS Executive Council from any liability whatsoever, including any loss of benefits that may arise as a consequence of approving my application.
- My application is subject to the provisions in the FIMLS Constitution and the AHP Decree and all such rules or guidelines that may be imposed from time to time.

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Designation of Witness: \_\_\_\_\_

**Please Note: All Witness's Need to Have a Laboratory Background.**

### **OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ CPD Points Issued: \_\_\_\_\_

Payment Receipt Number: \_\_\_\_\_ Date Amount Paid: \_\_\_\_\_

Date Amount Processed: \_\_\_\_\_ FIMLS ID Number: \_\_\_\_\_

Application Approved

Application Rejected

FIMLS Secretary Signature: \_\_\_\_\_

FIMLS Treasurer Signature: \_\_\_\_\_

Executive Committee Member Signature: \_\_\_\_\_