

Section II: Certification of Experience

Instructions to Clinical Laboratory Director: Complete items A and B, sign and date the affirmation and send both pages of this form directly to the address at the end of this form. This form will not be accepted if returned by the applicant.

A. Qualifications

I am a Clinical Laboratory Director as defined below Yes No

Definition: A "Clinical Laboratory Director" means a "person who is responsible for administration of the technical and scientific operation of a clinical laboratory or blood bank, including the supervision of procedures and reporting of findings of tests"

B. Experience Information

I am attesting that _____ has practiced as a cytotechnologist as follows:
(Applicant's Name)

Address of setting where experience took place _____ City _____ State _____ Zip Code _____

Dates of Experience: From: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr. Only report hours through 8/31/06

Total clock hours practicing cytotechnology in the laboratory where I am a Clinical Laboratory Director: _____

The Practice of cytotechnology is defined as a clinical laboratory practitioner who, pursuant to established and approved protocols of the Department of Health, performs cytological procedures and examination and any other such tests including maintaining equipment and records and performing quality assurance activities related to examination performance, and which require the exercise of independent judgement and responsibility, as determined by the Department.

Affirmation

Clinical Laboratory Director

I declare and affirm under penalty of perjury that the statements made in the foregoing application, including any attached statements, are true, complete and correct and that the experience I am attesting to meets the definition of practice as a cytotechnologist.

Signature: _____ Date _____ / _____ / _____
mo. day yr.

Print Name _____

Address _____

Check here if you are attaching additional information.

Phone: _____ Fax: _____

E-mail: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Cytotechnology Unit, 89 Washington Avenue, Albany, NY 12234-1000.