

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 certified histological
(Applicant's Name)

technician as follows: _____
Address of setting where experience took place City State Zip Code

Dates of Experience (be sure to **only** report the appropriate hours, see item 5 on page 1):

From: _____ / _____ / _____ to _____ / _____ / _____
mo. day yr. mo. day yr.

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

I further attest that such experience was performed competently.

Certified histological technician means a clinical laboratory practitioner who pursuant to established and approved protocols of the department of health performs slide based histological assays, tests, and procedures and any other such tests conducted by a clinical histology laboratory, including maintaining equipment and records and performing quality assurance activities relating to procedure performance on histological testing of human tissue and which requires limited exercise of independent judgement and is performed under the supervision of a laboratory supervisor, designate by the director of a clinical laboratory or under the supervision of the director of the clinical laboratory.

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 and competence I am attesting to meets the definition of practice as a certified histological technician.

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

Print Name _____

Check here if you are attaching additional information.

Address _____

Phone: _____ Fax: _____

E-mail: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Clinical Laboratory Technology Unit 6, 89 Washington Avenue, Albany, NY 12234-1000.