

92/91



Clinical Laboratory Technologist
Certified Histological Technician
Limited License Application Packet

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

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WWW.OP.NYSED.GOV



March 2009

THE UNIVERSITY OF THE STATE OF NEW YORK

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FOR FUTURE REFERENCE

IN THE EVENT OF AN EMERGENCY that impacts the licensed professions, the Office of the Professions will provide important information, specific to the situation, through our **Web site** (www.op.nysed.gov), our **automated phone system** (518-474-3817), and/or our **regional offices**. This information will include emergency provisions for professional practice as well as updates on scheduled events and services (licensing examinations, professional discipline proceedings, examination reviews, etc.).

Ways to reach us...



⇒ General Customer Service

The Office of the Professions has an automated customer service system that allows callers to **verify licenses, request information, and hear automated messages 24 hours a day.** The number is 518-474-3817, TDD/TTY 518-473-1426. Staff are available from 8:30 a.m. to 4:45 p.m., Eastern Time, Monday through Friday. You may also fax a message to 518-474-1449 or e-mail us at op4info@mail.nysed.gov.

⇒ On The World Wide Web

Information about the Office of the Professions and the 48 licensed professions, including information on all licensees, is available on our home page at:

www.op.nysed.gov

⇒ Certificate Application Status

Find out the **status of your license application** by checking our Web site where your name is added immediately when a license number is issued, or contact:

NYS Education Department, Office of the Professions, Division of Professional Licensing Services
Clinical Laboratory Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000
PHONE: 518-474-3817 ext. 593, FAX: 518-402-2323, E-MAIL: opunit6@mail.nysed.gov
Please include your name, social security number, date of birth, and the name of the profession.

⇒ Practice Issues

For answers to questions concerning practice issues, contact:

NYS Education Department, Office of the Professions, State Board for Clinical Laboratory Technology, 89 Washington Avenue, Albany, NY 12234-1000, PHONE: 518-474-3817 ext. 150, FAX: 518-473-1951, E-MAIL: clinlabd@mail.nysed.gov

GENERAL LICENSING INFORMATION

Please read this general licensing information for all professions before proceeding to the detailed instructions for your profession.

INTRODUCTION

In general, your license is valid for life unless it is revoked, annulled, or suspended by the Board of Regents. Certain restrictions may apply in cases of restricted and/or limited licenses. Please refer to the specific statutory and regulatory provisions applicable to your profession.

LICENSURE AND REGISTRATION

Once received, your application and all required supporting material will be reviewed. If you meet all the licensure requirements, we will issue you a license and your first registration certificate. You will be entitled to practice in New York State as of the effective date of the license.

You may find out if your license has been issued (including your license number and effective date of licensure) by checking for your name in the listing of all licensed professionals on the Web at www.op.nysed.gov. Written confirmation of licensure -- your license parchment and registration certificate -- is mailed within two working days following the licensure date.

VERIFYING YOUR APPLICATION CREDENTIALS

To ensure authenticity of credentials, the New York State Education Department's Office of the Professions requires evidence of your compliance with each licensure requirement directly from the organization where you met the requirement (e.g., school, testing agency, licensing authority, director of a clinical laboratory, hospital, employer, etc.). These records and documents must bear an original (not photocopied) signature of the official who maintains the records and stamp or seal of the institution where the credentials are maintained. **You are responsible for asking organizations and individuals to complete and directly submit to us the documentation you need.** Keep a record of your verification requests. To ensure protection of the public, the Office of the Professions regularly re-verifies credentials directly with the issuing institution to assure authenticity. In some cases, this may delay licensure.

NOTE: Forms and transcripts from the originating institution must be mailed directly to the Department from the issuing institution in a sealed official envelope bearing the institution's name and address. Verifying organizations may take eight weeks or more from the date of your request to send the required independent verifications. The Office of the Professions cannot evaluate your credentials until we receive the required documentation. You must consider this time factor in deciding when to submit your application for licensure.

ADDRESS OR NAME CHANGES

If your mailing address or name changes, you must contact the Department to update your records and provide the following identifying information: your full name, social security number, profession and date of birth. Failure to provide the Department with your change of address or name will delay processing your application.

For address changes you may phone, fax or e-mail:

Phone: 518-474-3817 ext. 593
TDD/TTY 518-473-1426

Fax: 518-402-2323

E-mail: opunit6@mail.nysed.gov

For name changes a fax or e-mail is not acceptable. You must provide written notification of any name change with an original notarized signature in your new name to:

NYS Education Department, Office of the Professions
Division of Professional Licensing Services
Clinical Laboratory Technology Unit
89 Washington Avenue
Albany, NY 12234-1000

NOTE: Once you are licensed, Education Law requires that you notify the Department of any change in your mailing address or name within 30 days of that change. Failure to do so may be considered professional misconduct. It may also delay renewal and result in late fees to renew the registration of a professional license. You may use the Form AD/NAME located in the back of this packet or print a copy from our Web site at www.op.nysed.gov/anchange.pdf to notify the Department of a change in your address or name.

PROFESSIONAL CONDUCT

All licensed practitioners must adhere to rules of professional conduct. The Education Law includes definitions of professional misconduct, and the Board of Regents has adopted Rules defining unprofessional conduct for all professions. Every licensee is also governed by a set of Laws, Rules, and Regulations for the practice of the profession. Title 8 of the NYS Education Law is available on our Web site at www.op.nysed.gov/title8.htm Relevant sections of Part 29 of the Rules of the Board of Regents is available on our Web site at www.op.nysed.gov/part29.htm.

RECORDS RETENTION AND DISPOSITION STATEMENT

Applications are considered active while an applicant is providing documentation to meet the requirements for a professional license or post-licensure certificate (i.e., examination grades, educational credentials and professional work experience). If you withdraw your application or your application is inactive for five (5) consecutive years, any documents submitted as part of your application will be destroyed in accordance with the Records Retention and Disposition schedule on file with the State Archives and Records Administration.

DISCLOSURE OF SOCIAL SECURITY NUMBERS

In accordance with Federal and State laws, the New York State Education Department requires that all applicants for professional licensure provide their Federal Social Security Number (SSN). Individuals without a SSN will be assigned a random, computer-generated nine-digit identifier. The agency will use the SSN or assigned numeric identifier to maintain accurate license and registration records. This information may be shared with other State or Federal agencies, consistent with applicable laws and departmental policy, but will otherwise be kept confidential.

The specific statutory authority for requiring Federal Social Security Numbers is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666 (a)); New York State Law-Title 8, Section 6507, paragraph 4(e) Education Law; Section 5 of the Tax Law.

For additional information see: www.oft.state.ny.us/arcpolicy/policy/tp_974.htm

APPLYING FOR A LIMITED LICENSE AS A CLINICAL LABORATORY TECHNOLOGIST OR A CERTIFIED HISTOLOGICAL TECHNICIAN

INTRODUCTION

The Department may grant a limited license and registration to a person who meets specific conditions for the purpose of performing examinations and procedures within the definition of clinical laboratory technology. The limited license may be issued to a person who is employed in a clinical laboratory under the direction of a clinical director so that the person may complete the education requirements and pass the examination required for licensure as a clinical laboratory technologist or certified histological technician in New York State.

Limited licenses will not be valid beyond September 1, 2016 and cannot be renewed.

GENERAL REQUIREMENTS

To be granted a limited license, you must submit an application for a limited license, a separate fee (\$371 for clinical laboratory technologist, \$263 for certified histological technician), and:

- show evidence that you meet one of the specific conditions for the limited license as a clinical laboratory technologist or for the limited license as a certified histological technician;
- be of good moral character;
- be at least 18 years of age;

You must file an Application for a Limited License (Form 1LL) and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form. **It is your responsibility to follow up with anyone you have asked to send us material.** In addition, you must certify to the Department that you have reviewed the rules and regulations of the New York State Department of Health and the U.S. Department of Health and Human Services, relating to practice as a clinical laboratory technologist in New York State, in accordance with written guidance from the department.

The specific requirements for licensure are included in Title 8, Article 165, Section 8610 of New York's Education Law and Subparts 79-13 and 79-16 of the Regulations of the Commissioner of Education. The Law and Regulations are available on our Web site at www.op.nysed.gov/clp.htm.

FEES

The fee for a clinical laboratory technologist limited license is \$371.

The fee for a certified histological technician limited license is \$263.

Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). You will be billed for the difference if fees have been increased.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department. **Your cancelled check is your receipt.**
- Mail your application and fee to: **NYS Education Department, Office of the Professions at the address at the end of the Application for a Limited License (Form 1LL).**

PLEASE NOTE: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

PARTIAL REFUNDS

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Clinical Laboratory Technology Unit by e-mailing opunit6@mail.nysed.gov or by calling 518-474-3817 ext. 593 or by faxing 518-402-2323.
- The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the licensure and registration fees and meet the licensure requirements in place at the time you reapply.

APPLICATION METHODS

There are four methods to apply for a limited license. Methods 1-3 are used for applying as a clinical laboratory technologist. Method 4 is used for applying as a certified histological technician.

Clinical Laboratory Technologist

Method 1

Use this method if you already are or have been licensed as a clinical laboratory technologist, or the equivalent as determined by the department, in another jurisdiction.

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1LL and the appropriate fee for licensure and first registration
- Form 2
- Form 3

Method 2

Use this method if you have received a bachelor's or higher degree in the biological, chemical, or physical sciences, **and** training in a clinical laboratory, provided such education and training are acceptable to the department. Such training shall include, but need not be limited to, training as a specialist; clinical experience in the practice of clinical laboratory technology, which provides supervised clinical experience that includes hematology, hemostasis, immunohematology, immunology, clinical chemistry, urinalysis/body fluids, and clinical microbiology or the substantial equivalent of such training or clinical experience, as determined by the department

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1LL and the appropriate fee for licensure and first registration
- Form 2
- Form 2A
- Form 3 (if applicable)

Method 3

Use this method if you have received a bachelor's degree in the biological, chemical or physical sciences or in mathematics, **and** served as a research assistant in a research laboratory under the direction of the director or the principal researcher of such research laboratory working on the research and development of any procedures and examinations to be conducted by the laboratory, as defined in Title 5, Article V of the Public Health Law, on material derived from the human body which provides information for the

diagnosis, prevention, or treatment of a disease or assessment of a human medical condition.

- Form 1LL and the appropriate fee for licensure and first registration
- Form 2
- Form 2A
- Form 3 (if applicable)

Certified Histological Technician

Method 4

Use this method if you have received an education acceptable to the department, which includes an associate or higher degree in the biological, chemical or physical sciences.

- Form 1LL and the appropriate fee for licensure and first registration
 - Form 2
 - Form 2A
 - Form 3 (if applicable)
-

COMPLETING THE APPLICATION FORMS

for a Clinical Laboratory Technologist or Certified Histological Technician Limited License

INSTRUCTIONS

Please type or print all information and sign all forms in black or blue ink. Original signatures are required on all forms.

FORM ILL - APPLICATION FOR A LIMITED LICENSE

All applicants for licensure must complete this form and submit it with the appropriate fee for licensure and first registration directly to the Office of the Professions at the address at the end of Form 1. Make checks payable to the New York State Education Department. **NOTE: Your cancelled check is your receipt.**

You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Your signature on Form 1 must be notarized by a Notary Public.**

FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

This form must be submitted directly by the educational institution(s) you attended. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before sending the entire form to your school. Be sure to sign and date item 9.

Section II: The Registrar must complete this section and return both pages of the form in a school envelope with requested documents directly to the Office of the Professions at the address at the end of the form.

FORM 2A - CERTIFICATION OF TRAINING/EXPERIENCE

This form must be submitted directly by the Clinical Laboratory Director/Principal Researcher of the clinical or research laboratory where you received your training/experience. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before sending both pages to the Clinical Laboratory Director/Principal Researcher of the clinical or research laboratory where you received your training/experience. Be sure to sign and date item 6.

Section II: The Clinical Laboratory Director/Principal Researcher must complete this section and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION

Complete this form if you hold, or have ever held, a license or certificate to practice any profession* in any jurisdiction.

This form must be submitted directly by the licensing/certifying authority. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before sending the entire form to the licensing/certifying authority of each jurisdiction in which you are or have been licensed/certified. Be sure to sign and date item 8.

Section II: The licensing/certifying authority must complete this section, sign, date and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

Note: Form 3 is not required for licenses/certificates issued by the New York State Education Department.

*Profession is defined as professional titles licensed under New York State Education Law. (See page 2 of the Address/Name Change Form at the end of this packet for a list of those titles.)

Please note: This form is to verify other professional licensure only and should **NOT** be used to verify New York City Certification of Qualification or any affiliations with professional associations or organizations.

Completing Additional Forms

FORM AD/NAME - ADDRESS/NAME CHANGE FORM

You are required to notify us within 30 days of any name or address changes. Please read the instructions and complete the appropriate sections of this form.

CLINICAL LABORATORY TECHNOLOGIST OR CERTIFIED HISTOLOGICAL TECHNICIAN

APPLICANT CHECKLIST

*Please complete and keep this checklist as a reminder of what forms you have filed and when you filed them. This is for your reference and should not be submitted with your application forms. **You should keep a copy of all application forms submitted.***

CHECK (✓) AND DATE EACH STEP WHEN COMPLETED.

_____ 1. Have you completed and sent the following to the Office of the Professions?

_____ A. FORM 1LL - APPLICATION FOR LICENSURE

_____ B. FEE (\$371 for clinical laboratory technologist, \$263 for certified histological technician) -
FOR LICENSURE AND FIRST REGISTRATION

_____ 2. Have you completed and forwarded the following forms to the appropriate institution(s) or agencies?
Keep copies of the requests so that you may check with them to be sure they have submitted the
information.

_____ A. FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

Sent to the following educational institutions:

Date sent

_____ A. FORM 2A - CERTIFICATION OF TRAINING/EXPERIENCE (if applicable)

Sent to the following Clinical Laboratory Directors/
Principal Researchers:

Date sent

_____ B. FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION - All
applicants licensed in another jurisdiction must complete and forward this form to the appropriate
licensing authority for submission to the Department.

Sent to the following licensing/certifying authorities:

Date sent

TO SPEED PROCESSING OF YOUR APPLICATION:

- **Submit your application for licensure in plenty of time to allow verifying organizations to send the required independent verifications to the Office of the Professions. This may take eight weeks or more.**
- Notify the Office of the Professions promptly of any address or name changes.
- Respond promptly to requests for additional information from the Office of the Professions.

15 Please print clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.

Name of High School/Secondary School or GED Diploma issuer: _____

City: _____ State/Province: _____ Country: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Graduation date: _____ / _____ / _____ or Date GED issued: _____ / _____ / _____
 mo. day yr. mo. day yr.

Undergraduate College Study

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Title of degree (in the original language): _____

Date degree awarded: _____ / _____ / _____
 mo. day yr.

Graduate Study/Advanced Certificate

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

Title of degree or advanced certificate (in the original language): _____

Date degree or advanced certificate awarded: _____ / _____ / _____
 mo. day yr.

16 Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction? Yes No

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. **A Form 3 must be submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.**

*Profession is defined as professional titles licensed under New York State Education Law.

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations on License/Certificate

17 Child Support Obligation

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A. I am not under an obligation to pay child support
OR

B. I am under an obligation to pay child support and (please check only one of the following)

- I am current and am not four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

* New York State General Obligations Law, section 3-503.

18 Citizenship/Immigration Status:

Federal Law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- | | |
|--|---|
| <input type="checkbox"/> A. A United States citizen or National. | <input type="checkbox"/> F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act. |
| <input type="checkbox"/> B. An alien lawfully admitted for permanent residence in the United States. | <input type="checkbox"/> G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980. |
| <input type="checkbox"/> C. An alien granted asylum under Section 208 of the Immigration and Nationality Act. | <input type="checkbox"/> H. Non Immigrant (Temporarily in U.S.)
Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____ |
| <input type="checkbox"/> D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act. | |
| <input type="checkbox"/> E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year. | <input type="checkbox"/> I. I do not reside in the United States. |

If you checked any of the boxes from B-H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): _____

USCIS number

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

19 Gender And Ethnicity: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

- Gender: Male Female
- Ethnicity: White (not Hispanic)
- Black (not Hispanic)
- Asian
- Hispanic
- Native American

20 I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes

No

Please initial: _____

21 Affidavit With Acknowledgment (Notarization required.)

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

I also declare and affirm that I will provide only those tests and procedures that I have reason to know that I can perform competently based on education, training, or experience.

I am also certifying that I have reviewed the rules and regulations of the New York State Department of Health and the U.S. Department of Health and Human Services that are identified in the **Additional Educational Requirements** section in either the paper Application Packet or under License Requirements on the Office of the Professions' Web site at www.op.nysed/clp.htm.

Signature of the applicant: _____

Date _____ / _____ / _____
Month Day Year

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.

Section II: Certification of Education

Instructions to Registrar:

1. Complete Part A or Part B to document the applicant's education.
2. Complete Part C (Certification) and return both pages of this form in an official school envelope with requested documents directly to the Office of the Professions at the address at the end of the form. Do not return this form to the applicant. This form will not be accepted if returned by the applicant.

Name of applicant: _____
(Section I, item 5)

Part A - Clinical Laboratory Program Registered by the New York State Education Department (NYSED) as licensure qualifying: To be completed only by those schools whose clinical laboratory program was, at the time the degree was (or will be) awarded, registered by the New York State Education Department.

Completed the program on ____ / ____ / ____ and was awarded the degree/advanced certificate of _____ on the date of ____ / ____ / ____.
(Title of degree/advanced certificate) mo. day yr.

OR

on ____ / ____ / ____ this institution determined that the above-named student met all requirements for the degree/advanced certificate and the institution has agreed to award the degree/advanced certificate of _____.
(Title of degree/advanced certificate) mo. day yr.

Part B - All Other Programs. An official transcript or marksheet giving courses completed by year and grades and a syllabus or description of the course of studies completed must be attached.

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:
Entrance date: ____ / ____ / ____ Completion date: ____ / ____ / ____ Withdrawal date: ____ / ____ / ____
mo. day yr. mo. day yr. mo. day yr.
2. Title of degree/advanced certificate awarded: _____
3. Date degree/advanced certificate awarded: ____ / ____ / ____
mo. day yr.
Name of accrediting body or official organization that recognizes this program: _____
Date of Accreditation: _____
Year
Address of accrediting body or official organization that recognizes this program: _____

Part C - Certification

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

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

Title or Official Position: _____

Institution: _____

Address: _____

(SEAL)

City: _____ State _____ Zip Code _____

Telephone: _____ Fax: _____

E-mail Address: _____

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

Section II: Certification of Experience

Instructions to Clinical Laboratory Director/Principal Researcher: 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 the form. The Office of the Professions will not accept this form if submitted by the applicant.

A. Qualifications

I am a Clinical Laboratory Director/Principal Researcher 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".

Definition: A "Principal Researcher" is the principal investigator who is responsible for the management and integrity of the design, conduct, and reporting of the research project and for managing, monitoring, and ensuring the integrity of any collaborative relationships in accordance with all federal and state regulations.

B. Training/Experience Information

Name of applicant: _____
(Section I, item 3)

Did the applicant complete such training/experience as indicated in Section I, item 5?

Yes No

Address of setting where training/experience took place City State Zip Code

Dates of Training/Experience:

From: ____ / ____ / ____ to ____ / ____ / ____ Total Clock hours _____
mo. day yr. mo. day yr.

Did the applicant receive a certificate, or similar document? Yes No

Title of certificate or similar document: _____

Date received: ____ / ____ / ____
mo. day yr.

Affirmation

Clinical Laboratory Director/Principal Researcher

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

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, 89 Washington Avenue, Albany, NY 12234-1000.

Section II: Verification of Licensure/Certification: (Please print or type)

Instructions to the Licensing/Certifying Authority: Please complete items 1-4, sign and date the certification and return both pages of this form in an official envelope directly to the Office of the Professions at the address below. This form will not be accepted if returned by the applicant. Attach additional sheets if necessary. The completion of all of the information requested on this form is essential since it may form the basis for the licensure of the applicant in New York State.

1 Name of applicant: _____
(Section I, item 6)

2 Professional title on license/certificate, including specialty licensure, if applicable: _____
License/certificate number: _____ Date of licensure/certification: _____ / _____ / _____
mo. day yr.

3 Verification of licensure/certification
What requirements did the applicant meet to become licensed/certified in your jurisdiction?
Education: Degree: _____
Examination: Title: _____ Date: _____ / _____ / _____ Score: _____
mo. day yr.
Experience: None _____ hours Describe (i.e., clock hours) _____
 Endorsement of license from or reciprocity with _____
(name of jurisdiction)
 Grandparented

4 A. Has the applicant identified in Section I been subject to any disciplinary action? Yes No
B. Are any charges pending against this individual? Yes No
If the answer to either of these questions is "yes," please attach a complete explanation with any supporting documentation.

Certification
I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, except as noted in item 4 above or in any attachments, this licensing/certifying authority has never taken any disciplinary action against this person and that in so far as the licensing/certifying authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.
Print name: _____
Title: _____
Licensing/certifying authority: _____ **(SEAL)**
Address: _____
City: _____ State _____ Zip Code _____
Telephone: _____ Fax: _____
E-mail Address: _____

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

ADDRESS/NAME CHANGE FORM

INSTRUCTIONS

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- **For address changes only:** Complete Sections I, II, and IV. **For address changes only**, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by e-mailing oparchiv@mail.nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.
- **For name changes only:** Complete Sections I, III, and IV. **Name changes** must be accompanied by supporting documentation.

Acceptable supporting documentation includes:

A court order authorizing your name change, marriage certificate, or divorce papers **and** a copy of a photo ID in your new name.

Or

Two (2) of the following:

- A letter from the Social Security Administration indicating both your old and new names.
- Copies of both old and new driver's licenses.
- Copies of both old and new New York State non-driver photo ID cards.
- Copies of both old and new Social Security Cards.
- Copies of both old and new passports.
- Copies of both old and new U.S. Military photo ID cards.

Other forms of identification may be acceptable as supporting documentation. Please contact the Records/Archives Unit by calling 518-474-3817 Ext. 380 or by e-mailing oparchiv@mail.nysed.gov before submitting.

Be sure to sign and date Section IV. Currently registered licensed professionals will be sent a new registration certificate. Also, if you would like to replace your existing license parchment with one in your **new** name, check the appropriate box in Section III and enclose your **original parchment** (your original parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it).

- **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

NOTE: Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

Section I: Your General Information

1. Name (currently on record): _____

2. Social Security Number: Birth Date: Month Day Year

Telephone: Home: _____ - _____ - _____ Work: _____ - _____ - _____

E-mail: _____ Fax: _____ - _____ - _____

3. Are you reporting an address and/or name change? address change name change both

4. Effective date of change: _____ / _____ / _____ **(Note: Changes cannot be accepted until after the effective date.)**

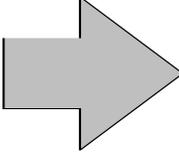
5. Licensure status in New York State:

I am an applicant for licensure in New York State for the licensed profession(s) of: _____

I am currently licensed in New York State in the profession(s) of: _____ (see list of professions on page 2)

_____ New York State license number:

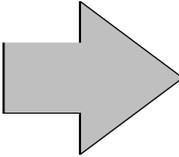
Section II: Address Change (please print)

Information <u>C</u> urrently On Record		New Information
Apt./Bldg. _____ Street _____ City _____ State _____ Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province or Country (if not U.S.) _____		Apt./Bldg. _____ Street _____ City _____ State _____ Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province or Country (if not U.S.) _____

Is this new address a business address? Yes No

Failure to answer this question will result in your address being deemed a business address and, therefore, public information.

Section III: Name Change (please print) If you are reporting a name change, please sign using your **NEW** name in Section IV. **If you are currently registered you will receive a new registration certificate.**

Information <u>C</u> urrently On Record		New Information
Last Name _____ First Name _____ Middle or Initial _____		Last Name _____ First Name _____ Middle or Initial _____

Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original parchment** and a **\$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment. **Note:** your **original** parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it.

Section IV: Affidavit

I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature

Date

Professional Titles Licensed Under Education Law

(See item #5 on page 1 of the form.)

- | | | |
|--|--|--|
| Acupuncturist
Architect
Athletic Trainer
Audiologist
Certified Clinical Laboratory Technician
Certified Dental Assistant
Certified Histological Technician
Certified Public Accountant
Certified Shorthand Reporter
Chiropractor
Clinical Laboratory Technologist
Creative Arts Therapist
Cytotechnologist
Dental Hygienist
Dentist
Dietitian/Nutritionist
Interior Designer | Landscape Architect
Land Surveyor
Licensed Clinical Social Worker
Licensed Master Social Worker
Licensed Practical Nurse
Marriage and Family Therapist
Massage Therapist
Medical Physicist
Mental Health Counselor
Midwife
Nurse Practitioner
Occupational Therapist
Occupational Therapy Assistant
Ophthalmic Dispenser
Optometrist
Perfusionist
Pharmacist | Physical Therapist
Physical Therapist Assistant
Physician
Podiatrist
Polysomnographic Technologist
Professional Engineer
Psychoanalyst
Psychologist
Public Accountant
Registered Physician Assistant
Registered Professional Nurse
Registered Specialist Assistant
Respiratory Therapist
Respiratory Therapy Technician
Speech-Language Pathologist
Veterinarian
Veterinary Technician |
|--|--|--|

Applicants
mail to

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
(insert name of profession from above list) Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Licensees
mail to

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.

**The State Education Department
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000**

**AP 92/91
March 2009**