

Section II: University or College Administrator Attestation: (Please print or type)

Instructions to University or College Administrator: Complete Section II, sign and date the attestation and send both pages of this form directly to the address at the end of the form. This form will not be accepted if returned by the applicant.

Attestation of Teaching or Managing Administrator Engagement

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

I am attesting that the applicant has been engaged full-time as a faculty member or managing administrator involved directly in the development or planning of curricula or the provision of instruction for education programs in clinical laboratory technology for clinical laboratory practitioners at an organized entity that provides postsecondary education for two years (at least 2,700 clock hours) over the five years immediately preceding September 1, 2006. Although the program may not have in its title the terms "clinical laboratory technology," the program was designed and carried out to educate and train students who will qualify for licensure under the provisions of Article 165 of the New York State Education Law.

University or College Name: _____

Dates of engagement: Date beginning: _____ / _____ / _____ Date ending: _____ / _____ / _____
mo. day yr. mo. day yr.

Total clock hours engaged: _____

Attestation

University or College Administrator

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.

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

Print name: _____

Title: _____

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.