## Clinical Laboratory Technologist Form 4B

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
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## **Certification of Faculty Member/Managing Administrator Status**

(For Clinical Laboratory Technologist Applicants Using Grandparenting Method 4 Only)

|     |   |                               |                             |                     |                                 |                       |                       |                        |                     |                        |                       |                     |                        | Арр                     | lica                    | nt l            | nst                    | ruct                    | ion                   | s                    |                       |                   |                    |                   |                       |                       |                    |                     |                       |                      |                        |                        |                        |                       |               |    |
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| Sec | ction I: Ap   | plic                          | ant                         | Inf                 | orm                             | atio                  | on                    |                        |                     |                        |                       |                     |                        |                         |                         |                 |                        |                         |                       |                      |                       |                   |                    |                   |                       |                       |                    |                     |                       |                      |                        |                        |                        |                       |               |    |
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| 3   | Print Na  | ne /                          | As I                        | lt A <sub>l</sub>   | ppe                             | ars                   | On                    | Υοι                    | ır A                | ppli                   | cati                  | on 1                | or I                   | Lice                    | ทรเ                     | ıre (           | (For                   | m 1                     | )                     |                      |                       |                   |                    |                   |                       |                       |                    |                     |                       |                      |                        |                        |                        |                       |               |    |
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| 4   | Mailing A   | Add                           | res                         | s (Y                | ou m                            | nust                  | notif                 | fy the                 | e De                | partr                  | nent                  | pro                 | mptl                   | y of                    | any                     | addı            | ress                   | or n                    | ame                   | cha                  | ange                  | es.               | )                  |                   |                       |                       |                    |                     |                       |                      |                        |                        |                        |                       |               |    |
|     | Line 1  |                               |                             |                     |                                 |                       |                       |                        |                     |                        |                       |                     |                        |                         |                         |                 |                        |                         |                       |                      |                       |                   |                    |                   |                       |                       |                    |                     |                       |                      |                        |                        |                        |                       |               |    |
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|     | Line 3  |                               |                             |                     |                                 |                       |                       |                        |                     |                        |                       |                     |                        |                         |                         |                 |                        |                         |                       |                      |                       |                   |                    |                   |                       |                       |                    |                     |                       |                      |                        |                        |                        |                       |               |    |
|     | City  |                               |                             |                     |                                 |                       |                       |                        |                     |                        |                       |                     |                        |                         |                         |                 |                        |                         |                       |                      |                       |                   |                    |                   |                       |                       |                    |                     |                       |                      |                        |                        |                        |                       |               |    |
|     | State   |                               |                             |                     |                                 |                       |                       | Zip                    | Cod                 | de                     |                       |                     |                        |                         |                         |                 |                        |                         |                       |                      |                       |                   |                    |                   |                       |                       |                    |                     |                       |                      |                        |                        |                        |                       |               |    |
|     | Country/<br>Province  |                               |                             |                     |                                 |                       |                       |                        |                     |                        |                       |                     |                        |                         |                         |                 |                        |                         |                       |                      |                       |                   |                    |                   |                       |                       |                    |                     |                       |                      |                        |                        |                        |                       |               |    |
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| 5   | Name of   | Uni                           | vers                        | sity                | or C                            | olle                  | ge A                  | Adm                    | inis                | trato                  | rla                   | ım a                | askir                  | ng to                   | o co                    | mpl             | ete                    | this                    | forr                  | n: _                 |                       | -                 |                    |                   |                       |                       |                    |                     |                       |                      |                        |                        |                        |                       |               |    |
|     | University  | or or                         | Col                         | lege                | e Na                            | ame                   | :                     |                        |                     |                        |                       |                     |                        |                         |                         |                 |                        |                         |                       |                      |                       |                   |                    |                   |                       |                       |                    |                     |                       |                      |                        |                        |                        |                       |               | _  |
|     | I have be<br>curricula<br>organized<br>preceding<br>designed<br>State Edu | or the<br>d en<br>g Se<br>and | ne p<br>tity<br>pte<br>d ca | that<br>mbe<br>rrie | isior<br>t pro<br>er 1,<br>d ou | n of<br>ovide<br>, 20 | inst<br>es p<br>06. / | truct<br>oosts<br>Alth | ion<br>secc<br>ougl | for e<br>Inda<br>h the | educ<br>ry e<br>e pro | atio<br>duc<br>ogra | n pi<br>atio<br>am r   | rogrand<br>n for<br>nay | ams<br>r two            | in<br>ye<br>hav | clini<br>ears<br>⁄e in | cal l<br>(at<br>its     | labo<br>leas<br>title | rato<br>st 2,<br>the | ory<br>,700<br>e ter  | ted<br>0 c<br>rm: | chn<br>loc<br>s "c | olc<br>k h        | gy fours              | or c<br>s) ov<br>labo | lini<br>ver<br>ora | ical<br>the<br>tory | labe<br>fiver<br>tect | orat<br>e ye<br>chno | ory<br>ears<br>olog    | pract<br>imm<br>y." th | titior<br>edia<br>e pr | ners<br>ately<br>ogra | at ai<br>im w | as |
|     | Dates of  | eng                           | age                         | mei                 | nt: C                           | Oate                  | beç                   | ginn                   | ing:                |                        | 10.                   | _/_                 | da                     |                         | _/_                     | yr.             |                        | -                       |                       | Dat                  | e ei                  | ndi               | ing                | :                 | mc                    | <br>).                | /_                 | da                  | ıy                    | _/_                  | yr                     | <del></del>            |                        |                       |               |    |
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| 6   | I request<br>State Edu<br>Education<br>application<br>or in control       | icat<br>n De<br>in, ii        | ion<br>epar<br>nclu         | Dep<br>rtme<br>idin | oartr<br>ent in<br>g ac         | men<br>n cc<br>com    | t at<br>nne<br>npar   | the<br>ection          | add<br>n wi<br>g do | ress<br>ith m          | at ny anent           | the<br>ppli<br>s, a | end<br>cation<br>re tr | of ton forue,           | his to<br>or lic<br>com | form<br>ens     | n, ar<br>sure<br>te a  | nd to<br>. I a<br>.nd o | rel<br>Iso<br>corre   | eas<br>dec           | se a<br>clare<br>I ui | any<br>e a<br>nd  | ot<br>nd<br>ers    | hei<br>aff<br>tar | info<br>irm t<br>d th | rma<br>that<br>at a   | atic<br>th         | on r<br>e s<br>fal  | equ<br>tate<br>se c   | este<br>men<br>or m  | ed b<br>nts r<br>nisle | y the<br>nade<br>ading | Sta<br>in t            | ate<br>his            |               |    |
|     | Applicant   | 's S                          | igna                        | atur                | e                               |                       |                       |                        |                     |                        |                       |                     |                        |                         |                         |                 |                        |                         |                       |                      |                       |                   |                    |                   |                       |                       |                    | _                   | m                     | 0.                   | /                      | day                    | _′                     | у                     | r.            | -  |
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| estation of Teaching or Ma   | naging Administra  | tor Engage   | ement   |   |  |   |   |  |
|--|--|--|---|---|--|---|---|--|
| Name of applicant:   |  |  |   |   |  |   |   |  |
|  |  | (  | (Section I, iten                                  | 1 6)  |  |   |   |  |
| I am attesting that the appl<br>development or planning of<br>laboratory practitioners at a<br>five years immediately prec<br>technology," the program w<br>of Article 165 of the New Yo | f curricula or the pro<br>an organized entity to<br>ceding September 1<br>as designed and ca | ovision of instant provider, 2006. Altherried out to | struction for e<br>s postseconda<br>ough the prog | ducation programs<br>ary education for t<br>gram may not have | s in clinica<br>wo years (<br>e in its title | I laboratory<br>(at least 2,70<br>the terms " | technology<br>00 clock hou<br>clinical labo | for clinical<br>urs) over th<br>ratory |
| University or College Name   | <b>9</b> :   |  |   |   |  |   |   |  |
| Dates of engagement: Date  | e beginning:<br>mo.  | /<br>dav   | /   | Date ending:  |  | //<br>day                                     |   |  |
| Total clock hours engaged:   |  | •  | <b>,</b>  |   |  | a.a.y   | <b>,</b>                                    |  |
| estation<br>University or College Adr  | ninistrator  |  |   |   |  |   |   |  |
|  | penalty of perjury th  | at the state   | ments made i                                      | n the foregoing ap  | oplication, i                                | including an                                  | y attached s                                | statements                             |
| I declare and affirm under p   | penalty of perjury th  | at the state   | ments made i                                      | n the foregoing ap  |  | ate:  | _/  | _/                                     |
| University or College Adr<br>I declare and affirm under pare true, complete and corr   | penalty of perjury the   |  |   |   |  |   |   |  |
| University or College Adr I declare and affirm under pare true, complete and corr Signature:   | penalty of perjury the   |  |   |   | D  | ate:  | _/  | _/                                     |
| University or College Adr  I declare and affirm under pare true, complete and corn  Signature:  Print name:  | penalty of perjury the   |  |   |   | D  | ate:  | _/  | _/                                     |
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| University or College Adr  I declare and affirm under pare true, complete and corn  Signature:  Print name:  Title:  Address:  | penalty of perjury the rect.   |  | Zip Code  |   | D  | ate:  | /day  | _/                                     |

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