

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 the 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"

This laboratory had a permit (license) issued under Title V, Article 5 of the NYS Public Health Law during the period in which the applicant was employed? Yes No

B. Experience Information

Name of applicant: _____

I am attesting that the applicant has practiced as a (check one): clinical laboratory technologist or clinical laboratory 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 as a (check one): clinical laboratory technologist or clinical laboratory technician in the laboratory where I am a Clinical Laboratory Director: _____

I further attest that such experience was performed competently.

See the definitions of practice for clinical laboratory technologists and clinical laboratory technicians on page 1.

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 (check one): clinical laboratory technologist or clinical laboratory technician.

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

Print Name _____

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.