

**Clinical Laboratory  
Technologist/ Certified  
Histological Technician  
Limited License Form 2A**

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of the Professions  
Division of Professional Licensing Services  
www.op.nysed.gov

## Certification of Training/Experience

### Applicant Instructions

Complete Section I and forward this entire form to the Clinical Laboratory Director/Principal Researcher of the clinical or research laboratory where you received your training/experience to complete Section II. Be sure to sign and date item 6. This form may be photocopied, but both pages of all forms must be returned directly by the Clinical Laboratory Director/Principal Researcher and must bear an original signature of the Clinical Laboratory Director/Principal Researcher. The Office of the Professions will not accept this form if submitted by the applicant.

### Section I: Applicant Information

**1 Social Security Number**             **2 Birth Date** Month   Day   Year

*(Leave this blank if you do not have a U.S. Social Security Number)*

**3 Print Name As It Appears On Your Application for a Limited License (Form 1LL)**

Last

First

Middle

**4 Mailing Address** (You must notify the Department promptly of any address or name changes.)

Line 1

Line 2

Line 3

City

State   Zip Code

Country/  
Province

**5 Name of Clinical Laboratory Director/Principal Researcher I am asking to complete this form:**

\_\_\_\_\_

I have (check all that apply):

received training in a clinical laboratory that included, 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  
 clinical microbiology  or the substantial equivalent of such training or clinical experience, as determined by the Department.

served as a research assistant in a research laboratory, under my direction of the research laboratory, working on the research and development of any procedures and examinations to be conducted by a laboratory, as defined in Title V of Article 5 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.

Duration of training/experience in the research laboratory:

Date beginning: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date ending: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Total clock hours: \_\_\_\_\_  
mo. day yr. mo. day yr.

**6** I request and give my permission to the individual listed in item 5 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure. I understand that additional information may be requested, if needed, to ensure that I have met the requirements for a limited license. I also 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.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**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  
Address \_\_\_\_\_ attaching additional  
information.

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.**