

Section II: Program Information (continued)

Both the applicant and Clinical Laboratory Director must initial each listed below to show they agree that the following content will be included within the 1750 clock hours (one year) training program.

	Applicant (Initial)	Clinical Laboratory Director (Initial)
The training program shall include knowledge of:		
• chromosome structure/behavior and its correlation with phenotype and of chromosomal abnormalities.	_____	_____
The program shall also include, but need not be limited to:		
• general laboratory principles and skills;	_____	_____
• including infection control and aseptic technique; quality control and quality assurance;	_____	_____
• clinical cytogenetics;	_____	_____
• general knowledge of human genetics;	_____	_____
• laboratory mathematics;	_____	_____
• the collection, handling, preparation and processing of pertinent specimens;	_____	_____
• the use of appropriate cell culture techniques;	_____	_____
• the principles and techniques for harvesting specimens or cell cultures; and,	_____	_____
• the principles and techniques of chromosome banding, staining, analysis, and instrumentation	_____	_____

Description of Program: Provide a general description of the structure and sequence of the training program, including the distribution of time, e.g. full-time, part-time, and the plan for supervision, including the positions of any persons involved in supervision. Provide trainee's designated title, such as intern, trainee, fellow or student.

Applicant Attestation (This form must bear an original signature)

I hereby attest that I understand the above listed content must be included within the 1750 clock hour (one year) training program I wish to participate in.

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

Print Name: _____

Clinical Laboratory Director Attestation (This form must bear an original signature)

I hereby attest that I agree that the above listed content will be included within the 1750 clock hour (one year) training program.

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

Print Name: _____

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.