



**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.

	<b>Applicant (Initial)</b>	<b>Clinical Laboratory Director (Initial)</b>
<b>The training program shall include knowledge of:</b>		
• the role of molecular genetics in tumor diagnosis and individualized tumor therapies that are being defined and implemented.	_____	_____
<b>The program shall also include, but need not be limited to:</b>		
• general laboratory principles;	_____	_____
• infection control and aseptic technique;	_____	_____
• quality control and quality assurance;	_____	_____
• applicable laboratory skills;	_____	_____
• general principles of molecular biology;	_____	_____
• clinical molecular genetics and molecular diagnosis;	_____	_____
• laboratory mathematics;	_____	_____
• basic principles of nucleic acid extraction, modification, amplification, identification, and unidirectional workflow techniques to avoid cross contamination;	_____	_____
• electrophoresis and other separation techniques;	_____	_____
• transfer and hybridization techniques and specific techniques of nucleic acid amplification and identification.	_____	_____
• have completed additional training in molecular diagnosis acceptable to the Department that would enable the applicant to practice competently.*	_____	_____

\*Applicants seeking this certificate must provide documentation demonstrating additional training in molecular diagnosis to the Department for review and approval. Guidance will be provided on the Clinical Laboratory Web site at [www.op.nysed.gov/clt.htm](http://www.op.nysed.gov/clt.htm).

**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.**