

Section II: Certification of Completion

Instructions to Clinical Laboratory Director: Complete this Section, 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.**

Name of applicant: _____
(Section I, item 3)

I am attesting that the applicant named above has completed a training program for molecular diagnosis which included:

Knowledge of:

the role of molecular genetics in tumor diagnosis and individualized tumor therapies that are being defined and implemented.

The program also included:

- 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; and
- additional training in molecular diagnosis acceptable to the Department that would enable the applicant to practice competently.

as described in the previously submitted **Clinical Laboratory Technologist Restricted License in Molecular Diagnosis for Employment in Cancer Centers and Designated Training Hospitals Form 4.**

Name of Clinical Laboratory Director: _____

Certificate of Qualification Identification Number: _____

Authorized category of practice: _____

Name and address of the Clinical Laboratory in which the training program is provided. If the entity that is responsible for the services provided is not the same, include the name and address of that entity.

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

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.

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.