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# Cytotechnologist and Certified Histological Technician Application Packet

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The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

Office of the Professions  
Division of Professional Licensing Services  
89 Washington Avenue  
Albany, NY 12234-1000

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(Rev. 9/08)

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## FORMS

FORM 1	-	Application for Licensure
FORM 2	-	Certification of Professional Education
FORM 3	-	Verification of Other Professional Licensure/Certification (Not for New York City Certificate of Qualification)
FORM 4A	-	Certification of Experience
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FORM 5	-	Application for Limited Permit

## Additional Forms

FORM AD/NAME	-	Address/Name Change Form
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### **FOR FUTURE REFERENCE**

**IN THE EVENT OF AN EMERGENCY** that impacts the licensed professions, the Office of the Professions will provide important information, specific to the situation, through our **Web site** ([www.op.nysed.gov](http://www.op.nysed.gov)), our **automated phone system** (518-474-3817), and/or our **regional offices**. This information will include emergency provisions for professional practice as well as updates on scheduled events and services (licensing examinations, professional discipline proceedings, examination reviews, etc.).

## Ways to reach us...



### ⇒ General Customer Service

The Office of the Professions has an automated customer service system that allows callers to **verify licenses, request information, and hear automated messages 24 hours a day.** The number is 518-474-3817, TDD/TTY 518-473-1426. Staff are available from 8:30 a.m. to 4:45 p.m., Eastern Time, Monday through Friday. You may also fax a message to 518-474-1449 or e-mail us at [op4info@mail.nysed.gov](mailto:op4info@mail.nysed.gov).

### ⇒ On The World Wide Web

Information about the Office of the Professions and the 48 licensed professions, including information on all licensees, is available on our home page at:

**[www.op.nysed.gov](http://www.op.nysed.gov)**

### ⇒ License Application Status

Find out the **status of your license application** by checking our Web site where your name is added immediately when a license number is issued, or contact:

NYS Education Department, Office of the Professions, Division of Professional Licensing Services  
Clinical Laboratory Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000  
PHONE: 518-474-3817 ext. 592, FAX: 518-402-2323, E-MAIL: [opunit5@mail.nysed.gov](mailto:opunit5@mail.nysed.gov)  
Please include your name, social security number, date of birth, and the name of the profession.

### ⇒ Practice Issues

For answers to questions concerning practice issues, contact:

NYS Education Department, Office of the Professions, State Board for Clinical Laboratory Technology, 89 Washington Avenue, Albany, NY 12234-1000, PHONE: 518-474-3817 ext. 150, FAX: 518-473-1951, E-MAIL: [clinlabd@mail.nysed.gov](mailto:clinlabd@mail.nysed.gov)

# GENERAL LICENSING INFORMATION

Please read this general licensing information for all professions before proceeding to the detailed instructions for your profession.

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## INTRODUCTION

A professional license is the authorization to practice and/or use a professional title in New York State. Your license is valid for life unless it is revoked, annulled, or suspended by the Board of Regents. This application packet contains the forms and instructions you need to apply for a license.

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## LICENSURE AND REGISTRATION

Once received, your application and all required supporting material will be reviewed. If you meet all the licensure requirements, we will issue you a license and your first registration certificate. You will be entitled to practice in New York State as of the effective date of the license.

You may find out if your license has been issued (including your license number and effective date of licensure) by checking for your name in the listing of all licensed professionals on the Web at [www.op.nysed.gov](http://www.op.nysed.gov) or by calling our telephone verification service at 518-474-3817. Written confirmation of licensure -- your license parchment and registration certificate -- is mailed within two working days following the licensure date.

To practice in New York under the authority of your license, you must re-register every three years. You are automatically registered for your first registration period when your license is issued. Thereafter, we will send you a renewal application to the name and address we have on file (see the "Address or Name Changes" section on next page), at least four months before your registration expires.

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## VERIFYING YOUR APPLICATION CREDENTIALS

To ensure authenticity of credentials, the New York State Education Department's Office of the Professions requires evidence of your compliance with each licensure requirement directly from the organization where you met the requirement (e.g., school, testing agency, licensing authority, director of a clinical laboratory, hospital, employer, etc.). These records and documents must bear an original (not photocopied) signature of the official who maintains the records and stamp or seal of the institution where the credentials are maintained. **You are responsible for asking organizations and individuals to complete and directly submit to us the documentation you need.** Keep a record of your verification requests. To ensure protection of the public, the Office of the Professions regularly re-verifies credentials directly with the issuing institution to assure authenticity. In some cases, this may delay licensure.

**NOTE: Forms and transcripts from the originating institution must be mailed directly to the Department from the issuing institution in a sealed official envelope bearing the institution's name and address. Verifying organizations may take eight weeks or more from the date of your request to send the required independent verifications. The Office of the Professions cannot evaluate your credentials until we receive the required documentation. You must consider this time factor in deciding when to submit your application for licensure.**

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## ADDRESS OR NAME CHANGES

If your mailing address or name changes, you must contact the Department to update your records and provide the following identifying information: your full name, social security number, profession and date of birth. Failure to provide the Department with your change of address or name will delay processing your application.

**For address changes** you may phone, fax or e-mail:

Phone: 518-474-3817 ext. 592  
TDD/TTY 518-473-1426

Fax: 518-402-2323

E-mail: [opunit5@mail.nysed.gov](mailto:opunit5@mail.nysed.gov)

**For name changes** a fax or e-mail is not acceptable. You must provide written notification of any name change with an original notarized signature in your new name to:

NYS Education Department, Office of the Professions  
Division of Professional Licensing Services  
Clinical Laboratory Technology Unit  
89 Washington Avenue  
Albany, NY 12234-1000

**NOTE: Once you are licensed, Education Law requires that you notify the Department of any change in your mailing address or name within 30 days of that change. Failure to do so may be considered professional misconduct. It may also delay renewal and result in late fees to renew the registration of a professional license.** You may use the Form AD/NAME located in the back of this packet or print a copy from our Web site at [www.op.nysed.gov/anchange.pdf](http://www.op.nysed.gov/anchange.pdf) to notify the Department of a change in your address or name.

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## PROFESSIONAL CONDUCT

All licensed practitioners must adhere to rules of professional conduct. The Education Law includes definitions of professional misconduct, and the Board of Regents has adopted Rules defining unprofessional conduct for all professions. Every licensee is also governed by a set of Laws, Rules, and Regulations for the practice of the profession.

Title 8 of the NYS Education Law is available on our Web site at [www.op.nysed.gov/title8.htm](http://www.op.nysed.gov/title8.htm)

Relevant sections of Part 29 of the Rules of the Board of Regents are provided below for your information.

You will receive more information on professional practice when you receive your license and first registration.

### **Regents Rules, Part 29, Unprofessional Conduct**

#### **§29.1 General provisions.**

- (a) Unprofessional conduct shall be the conduct prohibited by this section. The provisions of these rules applicable to a particular profession may define additional acts or omissions as unprofessional conduct and may establish exceptions to these general prohibitions.
- (b) Unprofessional conduct in the practice of any profession licensed, certified or registered pursuant to title VIII of the Education Law, except for cases involving those professions licensed, certified or registered pursuant to the provisions of Article 131 or 131-B of such law in which a statement of charges of professional misconduct was not served on or before July 26, 1991, the effective date of chapter 606 of the Laws of 1991, shall include:

- (1) willful or grossly negligent failure to comply with substantial provisions of Federal, State or local laws, rules or regulations governing the practice of the profession;
- (2) exercising undue influence on the patient or client, including the promotion of the sale of services, goods, appliances or drugs in such manner as to exploit the patient or client for the financial gain of the practitioner or of a third party;
- (3) directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive, any fee or other consideration to or from a third party for the referral of a patient or client or in connection with the performance of professional services;
- (4) permitting any person to share in the fees for professional services, other than: a partner, employee, associate in a professional firm or corporation, professional subcontractor or consultant authorized to practice the same profession, or a legally authorized trainee practicing under the supervision of a licensed practitioner. This prohibition shall include any arrangement or agreement whereby the amount received in payment for furnishing space, facilities, equipment or personnel services used by a professional licensee constitutes a percentage of, or is otherwise dependent upon, the income or receipts of the licensee from such practice, except as otherwise provided by law with respect to a facility licensed pursuant to article 28 of the Public Health Law or article 13 of the Mental Hygiene Law;
- (5) conduct in the practice of a profession which evidences moral unfitness to practice the profession;
- (6) willfully making or filing a false report, or failing to file a report required by law or by the Education Department, or willfully impeding or obstructing such filing, or inducing another person to do so;
- (7) failing to make available to a patient or client, upon request, copies of documents in the possession or under the control of the licensee which have been prepared for and paid for by the patient or client;
- (8) revealing of personally identifiable facts, data or information obtained in a professional capacity without the prior consent of the patient or client, except as authorized or required by law;
- (9) practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform, or performing without adequate supervision professional services which the licensee is authorized to perform only under the supervision of a licensed professional, except in an emergency situation where a person's life or health is in danger;
- (10) delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified, by training, by experience or by licensure, to perform them;
- (11) performing professional services which have not been duly authorized by the patient or client or his or her legal representative;
- (12) advertising or soliciting for patronage that is not in the public interest:
  - (i) Advertising or soliciting not in the public interest shall include, but not be limited to, advertising or soliciting that:
    - (a) is false, fraudulent, deceptive or misleading;
    - (b) guarantees any service;
    - (c) makes any claim relating to professional services or products or the cost or price therefore which cannot be substantiated by the licensee, who shall have the burden of proof;

- (d) makes claims of professional superiority which cannot be substantiated by the licensee, who shall have the burden of proof; or
  - (e) offers bonuses or inducements in any form other than a discount or reduction in an established fee or price for a professional service or product.
- (ii) The following shall be deemed appropriate means of informing the public of the availability of professional services:
- (a) informational advertising not contrary to the foregoing prohibitions; and
  - (b) the advertising in a newspaper, periodical or professional directory or on radio or television of fixed prices, or a stated range or prices, for specified routine professional services, provided that if there is an additional charge for related services which are an integral part of the overall service being provided by the licensee, the advertisement shall so state, and provided further that the advertisement indicates the period of time for which the advertised prices shall be in effect.
- (iii)
- (a) all licensees placing advertisements shall maintain, or cause to be maintained, an exact copy of each advertisement, transcript, tape or videotape thereof as appropriate for the medium used, for a period of one year after its last appearance. This copy shall be made available for inspection upon demand of the Education Department;
  - (b) a licensee shall not compensate or give anything of value to representatives of the press, radio, television or other communications media in anticipation of or in return for professional publicity in a news item;
- (iv) Testimonials, demonstrations, dramatizations, or other portrayals of professional practice are permissible provided that they otherwise comply with the rules of professional conduct and further provided that the following conditions are satisfied:
- (a) the patient or client expressly authorizes the portrayal in writing;
  - (b) appropriate disclosure is included to prevent any misleading information or imagery as to the identity of the patient or client;
  - (c) reasonable disclaimers are included as to any statements made or results achieved in a particular matter;
  - (d) the use of fictional situations or characters may be used if no testimonials are included; and
  - (e) fictional client testimonials are not permitted;
- (13) failing to respond within 30 days to written communications from the Education Department or the Department of Health and to make available any relevant records with respect to an inquiry or complaint about the licensee's unprofessional conduct. The period of 30 days shall commence on the date when such communication was delivered personally to the licensee. If the communication is sent from either department by registered or certified mail, with return receipt requested, to the address appearing in the last registration, the period of 30 days shall commence on the date of delivery to the licensee, as indicated by the return receipt;
- (14) violating any term of probation or condition or limitation imposed on the licensee by the Board of Regents pursuant to Education Law, section 6511.
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**RECORDS RETENTION AND DISPOSITION STATEMENT**

Applications are considered active while an applicant is providing documentation to meet the requirements for a professional license or post-licensure certificate (i.e., examination grades, educational credentials and professional work experience).

If you withdraw your application or your application is inactive for five (5) consecutive years, any documents submitted as part of your application will be destroyed in accordance with the Records Retention and Disposition schedule on file with the State Archives and Records Administration.

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**DISCLOSURE OF SOCIAL SECURITY NUMBERS**

In accordance with Federal and State laws, the New York State Education Department requires that all applicants for professional licensure provide their Federal Social Security Number (SSN). Individuals without a SSN will be assigned a random, computer-generated nine-digit identifier. The agency will use the SSN or assigned numeric identifier to maintain accurate license and registration records. This information may be shared with other State or Federal agencies, consistent with applicable laws and departmental policy, but will otherwise be kept confidential.

The specific statutory authority for requiring Federal Social Security Numbers is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666 (a)); New York State Law-Title 8, Section 6507, paragraph 4(e) Education Law; Section 5 of the Tax Law.

For additional information see: [www.oft.state.ny.us/arcpolicy/policy/tp\\_974.htm](http://www.oft.state.ny.us/arcpolicy/policy/tp_974.htm)

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# APPLYING FOR A LICENSE AS A CYTOTECHNOLOGIST OR A CERTIFIED HISTOLOGICAL TECHNICIAN

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## GENERAL REQUIREMENTS

The practice of cytotechnology and the use of the title “cytotechnologist” or “certified histological technician” require licensure, unless otherwise exempt under the law.

**To be licensed as a cytotechnologist or certified histological technician in New York State you must:**

- be of good moral character;
- be at least 18 years of age;
- meet education requirements (if required);
- meet examination requirements (if required); and
- meet experience requirements (for licensure by grandparenting only).

You must file an application for licensure and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form. **It is your responsibility to follow up with anyone you have asked to send us material.**

The specific requirements for licensure are contained in Title 8, Article 165 of New York's Education Law and Sections 52.39 and 52.41 and Subparts 79-14 and 79-16 of the Regulations of the Commissioner of Education. The Law and Regulations are available on our Web site at [www.op.nysed.gov/clp.htm](http://www.op.nysed.gov/clp.htm).

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## FEES (fees listed are those in effect at the time this application was printed)

The licensure and first registration fee for a cytotechnologist is \$371.

The licensure and first registration fee for a certified histological technician is \$263.

The limited permit fee for a cytotechnologist and certified histological technician is \$50.

Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). You will be billed for the difference if fees have been increased.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department. **Your cancelled check is your receipt.**
- Mail your application and fee to: **NYS Education Department, Office of the Professions at the address at the end of the Application for Licensure (Form 1).**

**PLEASE NOTE:** Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

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## PARTIAL REFUNDS

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Clinical Laboratory Technology Unit by e-mailing [opunit5@mail.nysed.gov](mailto:opunit5@mail.nysed.gov) or by calling 518-474-3817 ext. 592 or by faxing 518-402-2323.
- The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the licensure and registration fees and meet the licensure requirements in place at the time you reapply.

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## DEFINITIONS OF COMMON TERMS

**Accredited (or accredited by an acceptable accrediting agency)** means accredited by an organization accepted by the Department as a reliable authority for the purpose of accrediting cytotechnology or certified histological technician programs on a national or regional basis, as having reasonable accreditation standards, and as an organization that applies its criteria for granting accreditation of programs in a fair, consistent and nondiscriminatory manner.

**Blood bank** means a facility for the collection, processing, storage and/or distribution of human blood, blood components or blood derivatives.

**Certified histological technician** means a clinical laboratory practitioner who pursuant to established and approved protocols of the department of health performs slide based histological assays, tests, and procedures and any other such tests conducted by a clinical histology laboratory, including maintaining equipment and records and performing quality assurance activities relating to procedure performance on histological testing of human tissue and which requires limited exercise of independent judgment and is performed under the supervision of a laboratory supervisor, designate by the director of a clinical laboratory or under the supervision of the director of the clinical laboratory.

**Clinical laboratory technology** means the performance of microbiological, virological, serological, chemical, immunohematological, hematological, biophysical, cytogenetical, cytological or histological procedures and examinations and any other test or procedure conducted by a laboratory as defined by title five of article five 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.

**Cytotechnologist** means a clinical laboratory practitioner who, pursuant to established and approved protocols of the Department of Health, performs cytological procedures and examination and any other such tests including maintaining equipment and records and performing quality assurance activities related to examination performance, and which require the exercise of independent judgment and responsibility, as determined by the Department.

**Director of a Clinical Laboratory** means a person who is responsible for administration of the technical and scientific operation of a clinical laboratory or blood bank, including supervision of procedures and reporting of findings of tests.

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## PATHWAYS TO LICENSURE

**Pathways to licensure** as a cytotechnologist or certified histological technician include:

- **The special provisions (grandparenting):** Applicants may meet special provisions including experience and/or education to be licensed without examination.
- **The transition pathway:** This will apply to those who have recently graduated or who are currently in educational programs. This pathway will expire on September 1, 2013.
- **The standard pathway:** This will generally apply to those who will attend a program registered as licensure qualifying or the substantial equivalent as determined by the department.

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# CYTOTECHNOLOGIST

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There are three Pathways to apply for a New York State cytotechnologist license - Grandparenting, Transition and Standard - encompassing seven methods by which applicants may apply. You must select the Method you will use and verify that you meet the requirements. **You must indicate the method number at the top of your Application for Licensure (Form 1).**

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## **GRANDPARENTING PATHWAY (Methods 1, 1A and 2)**

**(This pathway is only available until January 1, 2009.)**

Grandparenting provisions provide a pathway to licensure for individuals who meet special provisions prior to specified dates without having to meet education requirements or pass an examination or both for licensure that are required under the transition pathway and the standard pathway. This pathway to licensure will generally apply to those with experience practicing in their fields for at least two years.

**To be eligible for licensure under grandparenting, you must file an Application for Licensure (Form 1) and pay the \$371 fee for licensure and first registration prior to January 1, 2009, be at least 18 years of age, be of good moral character, and meet the other specified requirements by the dates indicated.**

If you file Form 1 of your application and the appropriate fee by January 1, 2009 and certify in good faith that you have, or will have, met the requirements for licensure under the grandparenting method you choose by the specified date, but no later than July 1, 2009, **you will be able to practice as a cytotechnologist from the date you file the application with the Department until the Department acts on your application.**

After filing your Form 1 and fee, you must provide documentation of having met all other requirements for licensure on the appropriate forms.

### **Method 1**

Use this method if you:

- have successfully performed the duties of a cytotechnologist for two years (at least 2,880 clock hours) during the period from December 31, 2002 through December 31, 2007 ; and
- will, by July 1, 2009, meet a transition pathway education requirement or a standard pathway education requirement for licensure as a licensed cytotechnologist (see “Transition Pathway Education Requirements” and “Standard Pathway Education Requirements”).

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1 and \$371 fee for licensure and first registration
- Form 2
- Form 3 (only if you hold, or ever held, a professional license/certificate outside of New York State)
- Form 4A

### **Method 1A**

Use this method if you have successfully performed the duties of a cytotechnologist for five years (at least 7,200 clock hours) prior to December 31, 2007.

You must submit, or have submitted on your behalf, the following items and forms to document you meet these requirements.

- Form 1 and \$371 fee for licensure and first registration
- Form 2
- Form 3 (only if you hold, or ever held, a professional license/certificate outside of New York State)
- Form 4A

### **Method 2**

Use this method if you hold a Certificate of Qualification to practice as a cytotechnologist that was issued by the New York City Department of Health prior to 1995.

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1 and \$371 fee for licensure and first registration
- Form 3 (only if you hold, or ever held, a professional license/certificate outside of New York State)
- Copy of Certificate of Qualification from the New York City Department of Health

## **TRANSITION PATHWAY (Methods 3 and 4)**

**(This pathway is only available until September 1, 2013.)**

If you do not meet any of the grandparenting pathway requirements, you may be eligible for licensure under one of the two transition methods described below. This pathway to licensure will generally apply to those who have recently graduated or who are currently in educational programs.

If you meet the appropriate transition pathway education requirements prior to September 1, 2013, you will have met the education requirement for licensure. If you meet all other requirements for licensure, except the examination for licensure, you will be eligible for a limited permit authorizing you to practice for one year to enable you to take the examination for licensure. Limited permits are effective for one year and may be renewed for one additional year for good cause as determined by the Department.

### **Transition Pathway Education Requirements**

#### **Method 3**

Use this method if you received a baccalaureate or higher degree in cytotechnology or a related title that:

- prepares graduates for employment as a cytotechnologist; **AND**
- contains didactic and clinical education that integrates pre-analytical, analytical, and post-analytical components of laboratory services, including the principles and practices of quality assurance/quality improvement, and that is designed and conducted to prepare graduates to practice cytotechnology using independent judgment and responsibility; **AND**
- meets one of the following requirements:
  - ▶ is registered by the Department for general educational purposes but need not be specifically registered for licensure purposes, including the approximately 70 programs that are registered with the Department that have prepared graduates for employment in this profession, **OR**
  - ▶ is accredited by an accrediting agency acceptable to the Department, such as the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), or the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or other acceptable organizations that accredit educational programs. **PLEASE NOTE:** This does not include private membership organizations which may, or may not, offer examinations and list individuals for areas of general or specialty practice, **OR**
  - ▶ is recognized by the appropriate civil authorities of the jurisdiction in which the program is offered as a program that prepares the applicant for professional practice as a cytotechnologist.

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1 and \$371 fee for licensure and first registration
- Form 2
- Form 3 (only if you hold, or ever held, a professional license/certificate outside of New York State)

- Form 5 and \$50 limited permit Fee (if you intend to practice in New York State under the general supervision of a Clinical Laboratory Director after you meet the education requirement and before you pass the licensing examination)

#### **Method 4**

Use this method if you:

1. Received a baccalaureate or higher degree with a major in biology, chemistry, or the physical sciences registered by the Department or determined by the Department to be the substantial equivalent of such a program; **AND**
2. Completed a program that:
  - a. prepares graduates for employment as a cytotechnologist;
  - b. contains didactic and clinical education that integrates pre-analytical, analytical, and post-analytical components of laboratory services, including the principles and practices of quality assurance/quality improvement, and that is designed and conducted to prepare graduates to practice cytotechnology using independent judgment and responsibility; and
  - c. meets one of the following requirements:
    - ▶ is registered by the Department for general educational purposes but need not be specifically registered for licensure purposes, including the approximately 70 programs that are registered with the Department that have prepared graduates for employment in this profession, **OR**
    - ▶ is accredited by an accrediting agency acceptable to the Department, such as the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), or the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or other acceptable organizations that accredit educational programs. **PLEASE NOTE:** This does not include private membership organizations which may, or may not, offer examinations and list individuals for areas of general or specialty practice, **OR**
    - ▶ is recognized by the appropriate civil authorities of the jurisdiction in which the program is offered as a program that prepares the applicant for professional practice as a cytotechnologist.

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1 and \$371 fee for licensure and first registration
- Form 2
- Form 3 (only if you hold, or ever held, a professional license/certificate outside of New York State)
- Form 5 and \$50 limited permit Fee (if you intend to practice in New York State under the general supervision of a Clinical Laboratory Director after you meet the education requirement and before you pass the licensing examination)

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## **STANDARD PATHWAY (Methods 5 and 6)**

**Individuals who do not qualify for licensure through grandparenting or the transition pathways should apply for licensure through the standard pathway. This pathway to licensure will generally apply to those who will attend a program registered as licensure qualifying and then apply for licensure.**

### **Standard Pathway Education Requirements**

#### **Method 5**

Use this method if you will receive a baccalaureate or higher degree from:

- a cytotechnology program registered by the Department as licensure qualifying; **OR**
- a program in cytotechnology or a related title that is determined by the Department to be the substantial equivalent of a registered program in cytotechnology that is accredited by an acceptable accrediting agency or recognized by the appropriate civil authorities of the jurisdiction in which the program is offered as a program that prepares individuals for professional practice as a

cytotechnologist, and is designed and conducted by the degree-granting institution to prepare graduates to practice as cytotechnologists using independent judgment and responsibility.

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1 and \$371 fee for licensure and first registration
- Form 2
- Form 3 (only if you hold, or ever held, a professional license/certificate outside of New York State)
- Form 5 and \$50 limited permit fee (if you intend to practice in New York State under the general supervision of a Clinical Laboratory Director after you meet the education requirement and before you pass the licensing examination and are licensed)

#### **Method 6**

Use this method if you:

1. received a baccalaureate or higher degree awarded upon successful completion of a baccalaureate or higher degree program with a major in biology, chemistry, or the physical sciences registered by the Department or be determined by the Department to be the substantial equivalent of such program;  
**AND**
2. completed an advanced certificate from a credit bearing program in cytotechnology that is registered as licensure qualifying for licensure as a cytotechnologist or the substantial equivalent of such program.

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1 and \$371 fee for licensure and first registration
- Form 2
- Form 3 (only if you hold, or ever held, a professional license/certificate outside of New York State)
- Form 5 and \$50 limited permit fee (if you intend to practice in New York State under the general supervision of a Clinical Laboratory Director after you meet the education requirement and before you pass the licensing examination)

#### **Substantial Equivalence**

For a program to be determined substantially equivalent to a registered cytotechnology program, it must:

- a. be a program in cytotechnology leading to a baccalaureate or higher degree or advanced certificate which contains didactic and clinical education that integrates pre-analytical, analytical, and post-analytical components of laboratory services, including the principles and practices of quality assurance/ quality improvement; and which is designed to prepare graduates to practice cytotechnology using independent judgment and responsibility;
- b. include coursework, which shall include a laboratory component in each area, in each of the following subject areas or their equivalent as determined by the department:
  1. inorganic chemistry;
  2. anatomy and physiology;
  3. cell biology;
  4. cytopathology, including but not limited to, female genital tract, respiratory tract, gastro-intestinal and genitourinary tracts, body fluids, evaluation of specimens from washes and brushes of all body sites, and evaluation of specimens from fine needle aspiration biopsies of all body sites;
  5. cytopreparatory techniques, including but not limited to, preparation, staining and processing of body samples; and
  6. microscopic evaluation and interpretation of cytopathology of the sample types and body systems identified in paragraph (4) of this subdivision;

- c. include curricular content in each of the following subject areas or their equivalent as determined by the department:
    - 1. organic chemistry;
    - 2. mathematics and statistics;
    - 3. infection control and universal precautions (standard precautions);
    - 4. human genetics;
    - 5. immunology;
    - 6. clinical microbiology;
    - 7. the maintenance of equipment and records; and
    - 8. ethics; and
  
  - d. include a supervised clinical experience of at least 30 hours per week for at least 10 weeks or its equivalent as determined by the department, in the practice of cytotechnology.
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# CERTIFIED HISTOLOGICAL TECHNICIAN

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There are three Pathways to apply for a New York State certified histological technician license - Grandparenting, Transition and Standard - encompassing six methods by which applicants may apply. You must select the Method you will use and verify that you meet the requirements. **You must indicate the method number at the top of your Application for Licensure (Form 1).**

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## GRANDPARENTING PATHWAY (Methods 1, 1A, 2 and 3)

(This pathway is only available until January 1, 2009.)

Grandparenting provisions provide a pathway to licensure for individuals who meet special provisions prior to specified dates without having to meet education requirements or pass an examination or both for licensure that are required under the transition pathway and the standard pathway.

**To be eligible for licensure under grandparenting, you must file an Application for Licensure (Form 1) and pay the \$263 fee for licensure and first registration prior to January 1, 2009, be at least 18 years of age, be of good moral character, and meet the other specified requirements by the dates indicated.**

If you file Form 1 of your application and the appropriate fee by January 1, 2009 and certify in good faith that you have, or will have, met the requirements for licensure under the grandparenting method you choose by the specified date, but no later than July 1, 2009, **you will be able to practice as a certified histological technician from the date you file the application with the Department until the Department acts on your application.**

After filing your Form 1 and fee, you must provide documentation of having met all other requirements for licensure on the appropriate forms.

### **Method 1**

Use this method if, prior to December 31, 2007, you have successfully performed the duties of a certified histological technician for five years (at least 7,200 clock hours).

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1 and \$263 fee for licensure and first registration
- Form 3 (only if you hold, or ever held, a professional license/certificate outside of New York State)
- Form 4A

### **Method 1A**

Use this method if you have 6 months of experience (at least 720 clock hours) and competence as a certified histological technician attested to by a director of a clinical laboratory regulated by the Department of Health from December 31, 2004 through December 31, 2007.

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1 and \$263 fee for licensure and first registration
- Form 2
- Form 3 (only if you hold, or ever held, a professional license/certificate outside of New York State)
- Form 4C

### **Method 2**

Use this method if you:

- have successfully performed the duties of a certified histological technician for two years (at least 2,880 clock hours) during the period from December 31, 2002 and December 31, 2007; and
- will, by July 1, 2009 meet a transition pathway education requirement or a standard pathway education requirement for licensure as a certified histological technician (see “Transition Pathway Education Requirements” and “Standard Pathway Education Requirements”).

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1 and \$263 fee for licensure and first registration
- Form 2
- Form 3 (only if you hold, or ever held, a professional license/certificate outside of New York State)
- Form 4A

### **Method 3**

Use this method if you hold a Certificate of Qualification to practice as a certified histological technician that was issued by the New York City Department of Health prior to 1995.

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1 and \$263 fee for licensure and first registration
- Form 3 (only if you hold, or ever held, a professional license/certificate outside of New York State)
- Copy of Certificate of Qualification from the New York City Department of Health

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## **TRANSITION PATHWAY (Method 4)**

**(This pathway is only available until September 1, 2013.)**

If you do not meet any of the grandparenting pathway requirements, you may be eligible for licensure under the transition pathway. This pathway to licensure will generally apply to those who have recently graduated or who are currently in educational programs.

If you meet the transition pathway education requirements prior to September 1, 2013, you will have met the education requirements for licensure. If you meet all other requirements for licensure, except the examination for licensure, you will be eligible for a limited permit authorizing you to practice for one year to enable you to take the examination for licensure. Limited permits are effective for one year and may be renewed for one additional year for good cause as determined by the Department.

### **Transition Pathway Education Requirements**

#### **Method 4**

Use this method if you will receive a associate or higher degree in certified histological technician or a related title prior to September 1, 2013 that:

- a. prepares graduates for employment as a certified histological technician; **AND**
- b. contains didactic and clinical education that integrates pre-analytical, analytical, and post-analytical components of laboratory services, including the principles and practices of quality assurance/quality improvement, and that is designed and conducted to prepare graduates to practice as certified histological technicians under the supervision of a clinical laboratory technologist, laboratory supervisor, or director of a clinical laboratory; **AND**
- c. meets one of the following requirements:
  - ▶ is registered by the Department for general educational purposes but need not be specifically registered for licensure purposes, **OR**

- ▶ is accredited by an accrediting agency acceptable to the Department, such as the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), or the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or other acceptable organizations that accredit educational programs. **PLEASE NOTE:** This does not include private membership organizations which may, or may not, offer examinations and list individuals for areas of general or specialty practice, **OR**
- ▶ is recognized by the appropriate civil authorities of the jurisdiction in which the program is offered as a program that prepares the applicant for professional practice as a certified histological technician.

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1 and \$263 fee for licensure and first registration
- Form 2
- Form 3 (only if you hold, or ever held, a professional license/certificate outside of New York State)
- Form 5 and \$50 limited permit fee (if you intend to practice in New York State under the general supervision of a Clinical Laboratory Director after you meet the education requirements and before you pass the licensing exam)

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## **STANDARD PATHWAY (Method 5)**

**Individuals who do not qualify for licensure through grandparenting or the transition pathways should apply for licensure through the standard pathway. This pathway to licensure will generally apply to those who will attend a program registered as licensure qualifying and then apply for licensure.**

### **Standard Pathway Education Requirements**

#### **Method 5**

Use this method if you will receive an associate or higher degree from:

- a certified histological technician program registered by the Department as licensure qualifying; or
- a program in certified histological technician or a related title that is determined by the Department to be the substantial equivalent of a registered program in certified histological technician that is accredited by an acceptable accrediting agency or recognized by the appropriate civil authorities of the jurisdiction in which the program is offered as a program to prepare individuals for professional practice as certified histological technicians.

You must submit, or have submitted on your behalf, the following items and forms to document that you meet these requirements.

- Form 1 and \$263 fee for licensure and first registration
- Form 2
- Form 3 (only if you hold, or ever held, a professional license/certificate outside New York State)
- Form 5 and \$50 limited permit fee (if you intend to practice in New York State under the general supervision of a Clinical Laboratory Director after you meet the education requirements and before you pass the licensing exam and are licensed)

### **Substantial Equivalence**

For a program to be determined substantially equivalent to a registered certified histological technician program, it must:

- a. be a histological technician program leading to an associate or higher degree which contains didactic and clinical education that integrates pre-analytical, analytical, and post-analytical components of laboratory services, including the principles and practices of quality assurance/ quality improvement;

- b. include curricular content in each of the following subject areas or their equivalent as determined by the department:
  1. anatomy and physiology;
  2. inorganic chemistry;
  3. histology, to include microscopic analysis;
  4. histological techniques, to include microtome techniques, chemistry of stains, and staining techniques;
  5. quality assurance;
  6. ethics; and
  7. infection control and universal precautions; and
- c. include a supervised clinical experience of at least 30 hours per week for at least 8 weeks, or its equivalent as determined by the department, in the practice of histological technician.

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## **ADDITIONAL EDUCATIONAL REQUIREMENTS**

For all pathways to licensure, except for those who are applying under Method 2 or under Method 1, 1A or 3 for certified histological technician, in addition to meeting the specific education requirements, you must also certify that you have reviewed the rules and regulations of the New York State Department of Health and the U.S. Department of Health and Human Services listed below, relating to practice as a cytotechnologist or certified histological technician in New York State. By signing your Application for Licensure (Form 1), you will be certifying that you are generally familiar with the specified rules and regulations and where to locate specific information you may need; you are not required to have a detailed knowledge of all the material.

Applicants should be familiar with the following general rules and regulations of any clinical laboratory, as well as rules and standards of specific relevance to areas of testing and reporting in which they are or expect to be engaged.

### **New York State Public Health Law and Regulations**

The laws, rules and regulations listed below can be accessed on the Web at [www.wadsworth.org/labcert/regaffairs/RAindex.htm](http://www.wadsworth.org/labcert/regaffairs/RAindex.htm)

- Article V, Title V Clinical Laboratory and Blood Banking Services
- Article 31 Human Blood and Transfusion Services
- Article 27F HIV and AIDS Related Information
- Article V, Title VI Laboratory Business Practices
- Section 79.1 of the New York State Civil Rights Law, Confidentiality of Genetic Testing
- Part 19 of 10 (NYCRR) Clinical Laboratory Directors
- Subpart 34-2 of 10 (NYCRR) Laboratory Business Practices
- Subpart 58-1 of 10 (NYCRR) Clinical Laboratories  
(See 58.12 and 58.13 for requirements related to cytopathology and cytotechnology)
- Subpart 58-2 of 10 (NYCRR) Blood Banking
- Subpart 58-8 of 10 (NYCRR) Human Immunodeficiency Virus (HIV) Testing
- Subpart 63 of 10 (NYCRR) AIDS/HIV Testing, Reporting and Confidentiality

### **Federal Laws and Regulations**

The laws and regulations listed below can be accessed on the Web at [www.cms.hhs.gov/clia/](http://www.cms.hhs.gov/clia/)

- Current CLIA Regulations
  - Part 493 Laboratory Requirements
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## EXAMINATION REQUIREMENTS

### Cytotechnologists

You must pass The American Society for Clinical Pathology (ASCP) Board for Registry's examinations for cytotechnology with a converted score of at least 75 as determined by the State Board for Clinical Laboratory Technology.

### Eligibility

To be eligible to sit for the examination you must:

- Apply for licensure, pay the fee for licensure and first registration and submit all supporting documentation; and
- meet the education requirements as stated in statute.

When the Department has determined your eligibility, we will send you a letter informing you of your eligibility. Your next step is to complete the ASCP State Licensure Application Found online at [www.ascp.org/pdf/StateLicensureApplication.aspx](http://www.ascp.org/pdf/StateLicensureApplication.aspx). You will receive an admission letter with a phone number from the ASCP Board of Registry or scheduling your appointment to take the examination for medical technologist, for medical laboratory technician, or for cytotechnologist. You should schedule an appointment to take the examination within the assigned three month examination period. More information is available at [www.ascp.org/FunctionalNavigation/certification/GetStateLicensure.aspx](http://www.ascp.org/FunctionalNavigation/certification/GetStateLicensure.aspx).

The examination is administered by:

ASCP Board of Registry  
3335 Eagle Way  
Chicago, IL 60676  
Phone: 312-541-1033  
E-mail: [bor@ascp.org](mailto:bor@ascp.org)

### Certified Histological Technicians

The examination requirements for certified histological technicians has not been determined at this time.

### Reasonable Testing Accommodations

If you have a disability and may require reasonable testing accommodations for the examinations, please contact the ASCP Board of Registry for information.

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## LIMITED PERMITS

A limited permit authorizes an individual who has met all requirements for licensure as a cytotechnologist or certified histological technician, except the licensing examination, to practice as a cytotechnologist or certified histological technician under the general supervision of the director of a clinical laboratory.

The limited permit is valid for one year. The permit may be extended for one additional year if the applicant can document good cause, such as, a specific physical or mental disability certified by an appropriate health care professional or other good cause which, in the judgment of the Department, made it impossible for the applicant to complete the examination required for licensure.

You may apply for a limited permit by submitting the Application for Limited Permit (Form 5) and limited permit fee of \$50 at the same time or any time after you submit you Application for Licensure (Form 1), licensure and first registration fee of \$371, and evidence of satisfactory education.

**Please Note:** Under the general supervision of the director of a clinical laboratory means that the permit holder must be supervised by a director of a clinical laboratory who serves the laboratory full-time, or on a regular part-time basis; ensures the supervision of the technical performance of the permit holder, and is

readily available for consultation with the permit holder, as needed; and is responsible for the performance and findings of all tests carried out by the permit holder, either by directly overseeing the testing, or by delegating the responsibility to authorized qualified supervisors who are on site in the laboratory.

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# COMPLETING THE APPLICATION FORMS

## *for licensure as a Cytotechnologist and Certified Histological Technician*

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### INSTRUCTIONS

Please type or print all information and sign all forms in black or blue ink. Original signatures are required on all forms.

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### FORM 1 - APPLICATION FOR LICENSURE

**All applicants for licensure** must complete this form and submit it with the appropriate fee for licensure and first registration (\$371 for cytotechnologist, \$263 for certified histological technician) directly to the Office of the Professions at the address at the end of Form 1. Make checks payable to the New York State Education Department. **NOTE: Your cancelled check is your receipt.**

You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Your signature on Form 1 must be notarized by a Notary Public.**

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### FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

**This form must be submitted directly by the educational institution(s) you attended. The Office of the Professions will not accept this form if submitted by the applicant.**

Section I: Complete this section before sending the entire form to your school. Be sure to sign and date item 9.

Section II: The Registrar must complete this section and return both pages of the form in a school envelope with requested documents directly to the Office of the Professions at the address at the end of the form.

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### FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION

**Complete this form if you hold, or have ever held, a license or certificate to practice any profession\* in any jurisdiction.**

**This form must be submitted directly by the licensing/certifying authority. The Office of the Professions will not accept this form if submitted by the applicant.**

Section I: Complete this section before sending the entire form to the licensing/certifying authority of each jurisdiction in which you are or have been licensed/certified. Be sure to sign and date item 8.

Section II: The licensing/certifying authority must complete this section, sign, date and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

Note: A Form 3 is not required for licenses/certificates issued by the New York State Education Department.

\*Profession is defined as professional titles licensed under New York State Education Law. (See page 2 of the Address/Name Change Form at the end of this packet for a list of those titles.)

**Please note:** This form is to verify other professional licensure only and should **NOT** be used to verify New York City Certificate of Qualification or any affiliations with professional associations or organizations.

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**FORM 4A - CERTIFICATION OF EXPERIENCE (For Grandparenting Applicants Only)**

This form must be submitted directly by the Clinical Laboratory Director(s) who supervised your experience. The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before giving the entire form to the Clinical Laboratory Director(s) who supervised your experience. Be sure to sign and date item 6.

Section II: The Clinical Laboratory Director(s) who supervised your experience must complete this section and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

A separate Form 4A must be submitted for each supervised experience.

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**FORM 4C - CERTIFICATION OF EXPERIENCE AND COMPETENCE (For Certified Histological Technician Applicants Using Grandparenting Method 1A Only. Applications using these methods will only be accepted if submitted by September 1, 2013.)**

This form must be submitted directly by the Clinical Laboratory Director(s) who supervised your experience. **Note: the laboratory must have had a permit (license) issued under Title V, Article 5 of the New York State Public Health Law during the period in which you were employed.** The Office of the Professions will not accept this form if submitted by the applicant.

Section I: Complete this section before giving the entire form to the Clinical Laboratory Director(s) who supervised your experience. Be sure to sign and date item 6.

Section II: The Clinical Laboratory Director(s) who supervised your experience must complete this section and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

A separate Form 4C must be submitted for each supervised experience.

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**FORM 5 - APPLICATION FOR LIMITED PERMIT**

Section I: If you are applying for a limited permit, complete this section before having your prospective employer complete Section II. Be sure to sign and date item 9.

Section II: Have the Director of the clinical laboratory who will be your general supervisor complete Section II.

Return the completed form with the \$50 fee to the Office of the Professions at the address at the end of the form.

You may apply for a limited permit by submitting the Application for Limited Permit (Form 5) and limited permit fee of \$50 at the same time or any time after you submit your Application for Licensure (Form 1), licensure and first registration fee, and evidence of satisfactory education.

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**Completing Additional Forms**

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**FORM AD/NAME - ADDRESS/NAME CHANGE FORM**

You are required to notify us within 30 days of any name or address changes. Please read the instructions and complete the appropriate sections of this form.

## Cytotechnologist Pathways to Licensure: Requirements at a Glance

### Grandparenting - This pathway is **only** available until **January 1, 2009**

Method	Experience	Education	Exam	Forms Required
1	Two years (at least 2,880 clock hours) of experience as a cytotechnologist from 12/31/2002 through 12/31/2007.	Meet a transition or standard pathway education requirement for licensure as a licensed cytotechnologist by 7/01/2009.	Not Required	<ul style="list-style-type: none"> <li>• Form 1 with \$371 fee for licensure and first registration.</li> <li>• Form 2</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Form 4A</li> </ul>
1A	Five years (at least 7,200 clock hours) of experience as a cytotechnologist prior to 12/31/2007.	Not Required	Not Required	<ul style="list-style-type: none"> <li>• Form 1 with \$371 fee for licensure and first registration.</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Form 4A</li> </ul>
2	Hold a Certificate of Qualification from the New York City Department of Health.	Not Required	Not Required	<ul style="list-style-type: none"> <li>• Form 1 with \$371 fee for licensure and first registration.</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Copy of Certificate of Qualification from the New York City Department of Health</li> </ul>

### Transition - This pathway is **only** available until **September 1, 2013**

Method	Experience	Education	Exam	Forms Required
3	Not Required	Bachelors degree or higher in cytotechnology or the substantial equivalent.  Degree must be awarded prior to 9/1/2013.	Passing score on ASCP exam	<ul style="list-style-type: none"> <li>• Form 1 with \$371 fee for licensure and first registration.</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Form 5 with \$50 limited permit fee (If required)</li> </ul>
4	Not Required	Bachelors degree or higher in biology, chemistry, or the physical sciences or equivalent, <b>and</b> an acceptable one year training program in cytotechnology.  Degree must be awarded prior to 9/1/2013.	Passing score on ASCP exam	<ul style="list-style-type: none"> <li>• Form 1 with \$371 fee for licensure and first registration.</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Form 5 with \$50 limited permit fee (If required)</li> </ul>

### Standard

Method	Experience	Education	Exam	Forms Required
5	Not Required	Bachelors degree or higher from a program in cytotechnology or a related title.	Passing score on ASCP exam	<ul style="list-style-type: none"> <li>• Form 1 with \$371 fee for licensure and first registration.</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Form 5 with \$50 limited permit fee (If required)</li> </ul>
6	Not Required	Bachelors degree or higher in biology, chemistry, or the physical sciences or equivalent, <b>and</b> an acceptable one year training program in cytotechnology.	Passing score on ASCP exam	<ul style="list-style-type: none"> <li>• Form 1 with \$371 fee for licensure and first registration.</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Form 5 with \$50 limited permit fee (If required)</li> </ul>

## Certified Histological Technician Pathways to Licensure: Requirements at a Glance

### Grandparenting - This pathway is **only** available until **January 1, 2009**

Method	Experience	Education	Exam	Forms Required
1	Five years (at least 7,200 clock hours) of experience as a histological technician prior to 12/31/2007.	Not Required	Not Required	<ul style="list-style-type: none"> <li>• Form 1 with \$263 fee for licensure and first registration.</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Form 4A</li> </ul>
1A	6 months of experience (at least 720 clock hours) and competence as a histological technician attested to by a director of a clinical laboratory regulated by the Department of Health from December 31, 2004 through December 31, 2007.	Not Required	Not Required	<ul style="list-style-type: none"> <li>• Form 1 with \$263 fee for licensure and first registration.</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Form 4C</li> </ul>
2	Two years (at least 2,880 clock hours) of experience as a histological technician from 12/31/2002 through 12/31/2007.	Meet a transition or standard pathway education requirement for licensure as a certified histological technician by 7/01/2009.	Not Required	<ul style="list-style-type: none"> <li>• Form 1 with \$263 fee for licensure and first registration.</li> <li>• Form 2</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Form 4A</li> </ul>
3	Hold a Certificate of Qualification from the New York City Department of Health.	Not Required	Not Required	<ul style="list-style-type: none"> <li>• Form 1 with \$263 fee for licensure and first registration.</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Copy of Certificate of Qualification from the New York City Department of Health</li> </ul>

### Transition - This pathway is **only** available until **September 1, 2013**

Method	Experience	Education	Exam	Forms Required
4	Not Required	<p>A program registered by the department for general educational purposes but need not be specifically registered for licensure purposes, or is accredited by an acceptable accrediting agency, or is recognized by appropriate civil authorities of the jurisdiction in which the program is offered as a program that prepares the applicant for professional practice as a histological technician.</p> <p>Degree must be awarded prior to 9/1/2013.</p>	Undetermined	<ul style="list-style-type: none"> <li>• Form 1 with \$263 fee for licensure and first registration.</li> <li>• Form 2</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Form 5 with \$50 limited permit fee (If required)</li> </ul>

### Standard

Method	Experience	Education	Exam	Forms Required
5	Not Required	Received an education including an associate's degree or higher from an approved histological technician program registered by the department or determined by the department to be the substantial equivalent, or have received an associate's degree that includes a minimum number of credit hours in the sciences and received appropriate clinical education in a histological technician program approved by the department or a program to be determined by the department to be the substantial equivalent.	Undetermined	<ul style="list-style-type: none"> <li>• Form 1 with \$263 fee for licensure and first registration.</li> <li>• Form 2</li> <li>• Form 3 (If you list a professional license in item 15 of Form 1)</li> <li>• Form 5 with \$50 limited permit fee (If required)</li> </ul>

# CYTOTECHNOLOGIST OR CERTIFIED HISTOLOGICAL TECHNICIAN

## APPLICANT CHECKLIST

*Please complete and keep this checklist as a reminder of what forms you have filed and when you filed them. This is for your reference and should not be submitted with your application forms. **You should keep a copy of all application forms submitted.***

**CHECK (✓) AND DATE EACH STEP WHEN COMPLETED.**

### FOR LICENSURE UNDER GRANDPARENTING PATHWAY REQUIREMENTS

\_\_\_\_\_ 1. Have you completed and sent the following to the Office of the Professions?

\_\_\_\_\_ A. FORM 1 - APPLICATION FOR LICENSURE

\_\_\_\_\_ B. FEE (\$371) - FOR LICENSURE AND FIRST REGISTRATION

\_\_\_\_\_ 2. Have you completed and forwarded the following forms to the appropriate institution(s) or agencies? Keep copies of the requests so that you may check with them to be sure they have submitted the information.

\_\_\_\_\_ A. FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

Sent to the following educational institutions:

Date sent

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ B. FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION - All applicants licensed in another jurisdiction must complete and forward this form to the appropriate licensing authority for submission to the Department.

Sent to the following licensing/certifying authorities:

Date sent

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ C. FORM 4A - CERTIFICATION OF EXPERIENCE (For Grandparenting Applicants Only)

Sent to:

Date sent

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ D. FORM 4C - CERTIFICATION OF EXPERIENCE AND COMPETENCE (For Certified Histological Technician Applicants Using Grandparenting Method 1a Only)

Sent to:

Date sent

\_\_\_\_\_  
\_\_\_\_\_

**FOR LICENSURE UNDER TRANSITION PATHWAY REQUIREMENTS**

- \_\_\_\_\_ 1. Have you completed and sent the following to the Office of the Professions?
  - \_\_\_\_\_ A. FORM 1 - APPLICATION FOR LICENSURE
  - \_\_\_\_\_ B. FEE (\$371) - FOR LICENSURE AND FIRST REGISTRATION
  - \_\_\_\_\_ C. FORM 5 - APPLICATION FOR LIMITED PERMIT and fee (\$50) (if applicable)
- \_\_\_\_\_ 2. Have you completed and forwarded the following forms to the appropriate institution(s) or agencies? Keep copies of the requests so that you may check with them to be sure they have submitted the information.
  - \_\_\_\_\_ A. FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION  
Sent to the following educational institutions: \_\_\_\_\_ Date sent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - \_\_\_\_\_ B. FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION - All applicants licensed in another jurisdiction must complete and forward this form to the appropriate licensing authority for submission to the Department.  
Sent to the following licensing/certifying authorities: \_\_\_\_\_ Date sent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: When you take the examination required for licensure, be sure to ask that your score be provided to the Department.**

**FOR LICENSURE UNDER STANDARD PATHWAY REQUIREMENTS**

- \_\_\_\_\_ 1. Have you completed and sent the following to the Office of the Professions?
  - \_\_\_\_\_ A. FORM 1 - APPLICATION FOR LICENSURE
  - \_\_\_\_\_ B. FEE FOR LICENSURE AND FIRST REGISTRATION (\$371 for cytotechnologists, \$263 for certified histological technicians)
  - \_\_\_\_\_ C. FORM 5 - APPLICATION FOR LIMITED PERMIT and fee (\$50) (if applicable)
- \_\_\_\_\_ 2. Have you completed and forwarded the following forms to the appropriate institution(s) or agencies? Keep copies of the requests so that you may check with them to be sure they have submitted the information.
  - \_\_\_\_\_ A. FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION  
Sent to the following educational institutions: \_\_\_\_\_ Date sent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - \_\_\_\_\_ B. FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION - All applicants licensed in another jurisdiction must complete and forward this form to the appropriate licensing authority for submission to the Department.  
Sent to the following licensing/certifying authorities: \_\_\_\_\_ Date sent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: When you take the examination required for licensure, be sure to ask that your score be provided to the Department.**

**TO SPEED PROCESSING OF YOUR APPLICATION:**

- **Submit your application for licensure in plenty of time to allow verifying organizations to send the required independent verifications to the Office of the Professions. This may take eight weeks or more.**
- Notify the Office of the Professions promptly of any address or name changes.
- Respond promptly to requests for additional information from the Office of the Professions.





**14** Has any hospital or licensed facility or clinical laboratory restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?  Yes  No

**NOTE:** If you answer "Yes" to any questions numbered 10-14, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Conviction. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents.

**15** Please print clearly giving an accurate record of your educational preparation below. **YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE.** Attach additional sheets if necessary.

**Name of High School/Secondary School or GED Diploma issuer:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo. day yr. mo. day yr.

Graduation date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or Date GED issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo. day yr. mo. day yr.

**Undergraduate College Study**

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo. day yr. mo. day yr.

Title of degree (in the original language): \_\_\_\_\_

Date degree awarded: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo. day yr.

**Graduate Study/Advanced Certificate**

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo. day yr. mo. day yr.

Title of degree or advanced certificate (in the original language): \_\_\_\_\_

Date degree or advanced certificate awarded: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo. day yr.

**16** Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction?  Yes  No

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. **A Form 3 must be submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.**

\*Profession is defined as professional titles licensed under New York State Education Law.

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations On License/Certificate

**17 Child Support Obligation**

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support\*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A.  I am not under an obligation to pay child support  
OR

B.  I am under an obligation to pay child support and (please check only one of the following)

- I am current and am not four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

\* New York State General Obligations Law, section 3-503.

**18 Citizenship/Immigration Status:**

Federal Law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- |  |   |
|--|---|
| <input type="checkbox"/> A. A United States citizen or National.   | <input type="checkbox"/> F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.   |
| <input type="checkbox"/> B. An alien lawfully admitted for permanent residence in the United States.   | <input type="checkbox"/> G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.  |
| <input type="checkbox"/> C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.  | <input type="checkbox"/> H. Non Immigrant (Temporarily in U.S.)<br>Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____ |
| <input type="checkbox"/> D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.   | _____   |
| <input type="checkbox"/> E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year. | <input type="checkbox"/> I. I do not reside in the United States.   |

If you checked any of the boxes from B-H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): \_\_\_\_\_

USCIS number

**QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.**

**19 Gender And Ethnicity: (This item is optional.)**

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

Gender:  Male  Female

Ethnicity:  White (not Hispanic)

Black (not Hispanic)

Asian

Hispanic

Native American

**20** I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes

No

Please initial: \_\_\_\_\_

**21 Affidavit With Acknowledgment (Notarization required.)**

**Applicant**

I 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.

**In addition**, if I am applying for licensure under grandparenting, I certify that I believe in good faith that I currently meet or will meet the requirements for licensure by the specified completion dates.

I am also certifying that I have reviewed the rules and regulations of the New York State Department of Health and the U.S. Department of Health and Human Services that are identified in the **Additional Educational Requirements** section in either the paper Application Packet or under License Requirements on the Office of the Professions' Web site at [www.op.nysed/clp.htm](http://www.op.nysed/clp.htm). (This certification does not apply to those applying for licensure as a clinical laboratory technologist under Methods 1, 4 or 5 or for licensure as a certified clinical laboratory technician under Methods 1 or 3.)

Signature of the applicant: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Notary**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Notary Stamp

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.



**Section II: Certification of Education**

**Instructions to Registrar:**

1. Complete Part A or Part B to document the applicant's education.
2. Complete Part C (Certification) and return both pages of this form in an official school envelope with requested documents directly to the Office of the Professions at the address at the end of the form. Do not return this form to the applicant. This form will not be accepted if returned by the applicant.

Name of applicant: \_\_\_\_\_  
(Section I, item 5)

**Part A - Cytotechnologist/Certified Histological Technician Program Registered by the New York State Education Department (NYSED) as licensure qualifying:** To be completed only by those schools whose cytotechnologist/certified histological technician program was, at the time the degree was (or will be) awarded, registered by the New York State Education Department.

Completed the program on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and was awarded the degree/advanced certificate of \_\_\_\_\_ on the date of \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Title of degree/advanced certificate) mo. day yr.

**OR**

on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ this institution determined that the above-named student met all requirements for the degree/advanced certificate and the institution has agreed to award the degree/advanced certificate of \_\_\_\_\_  
(Title of degree/advanced certificate)

**Part B - All Other Programs. An official transcript or marksheet giving courses completed by year and grades and a syllabus or description of the course of studies completed must be attached.**

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:  
Entrance date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Completion date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Withdrawal date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr. mo. day yr. mo. day yr.
2. Title of degree/advanced certificate awarded: \_\_\_\_\_
3. Date degree/advanced certificate awarded: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.  
Name of accrediting body or official organization that recognizes this program: \_\_\_\_\_  
Date of Accreditation: \_\_\_\_\_  
Year  
Address of accrediting body or official organization that recognizes this program: \_\_\_\_\_

**Part C - Certification**

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

Title or Official Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

**(SEAL)**

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**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.**



**Section II: Verification of Licensure/Certification: (Please print or type)**

**Instructions to the Licensing/Certifying Authority:** Please complete items 1-4, sign and date the certification and return both pages of this form in an official envelope directly to the Office of the Professions at the address below. This form will not be accepted if returned by the applicant. Attach additional sheets if necessary.

**1** Name of applicant: \_\_\_\_\_  
(Section I, item 6)

**2** Professional title on license/certificate: \_\_\_\_\_  
License/certificate number: \_\_\_\_\_ Date of licensure/certification: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**3** Verification of licensure/certification  
What requirements did the applicant meet to become licensed/certified in your jurisdiction?  
Education: Degree: \_\_\_\_\_  
Examination: Title: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Score: \_\_\_\_\_  
mo. day yr.  
Experience:  None  \_\_\_\_\_ hours Describe (i.e., clock hours) \_\_\_\_\_  
 Endorsement of license from or reciprocity with \_\_\_\_\_  
(name of jurisdiction)  
 Grandparented

**4** A. Has the applicant identified in Section I been subject to any disciplinary action?  Yes  No  
B. Are any charges pending against this individual?  Yes  No  
**If the answer to either of these questions is "yes," please attach a complete explanation with any supporting documentation.**

**Certification**

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, except as noted in item 4 above or in any attachments, this licensing/certifying authority has never taken any disciplinary action against this person and that in so far as the licensing/certifying authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.  
Print name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Licensing/certifying authority: \_\_\_\_\_ **(SEAL)**  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**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.**



**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 this 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"*

**B. Experience Information**

Name of applicant: \_\_\_\_\_  
(Item 3, page 1)

I am attesting that the applicant has practiced as a (check one):  cytotechnologist or  certified histological 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):  cytotechnologist or  certified histological technician where I am a Clinical Laboratory Director: \_\_\_\_\_

**Cytotechnologist** means a clinical laboratory practitioner who, pursuant to established and approved protocols of the Department of Health, performs cytological procedures and examination and any other such tests including maintaining equipment and records and performing quality assurance activities related to examination performance, and which require the exercise of independent judgement and responsibility, as determined by the Department.

**Certified histological technician** means a clinical laboratory practitioner who pursuant to established and approved protocols of the department of health performs slide based histological assays, tests, and procedures and any other such tests conducted by a clinical histology laboratory, including maintaining equipment and records and performing quality assurance activities relating to procedure performance on histological testing of human tissue and which requires limited exercise of independent judgement and is performed under the supervision of a laboratory supervisor, designate by the director of a clinical laboratory or under the supervision of the director of the clinical laboratory.

**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 I am attesting to meets the definition of practice as a (check one):  cytotechnologist or  certified histological technician

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

Print Name \_\_\_\_\_  Check here if you are attaching additional information.

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.**



**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.**



**Section II: Clinical Laboratory Director's Certification of Employment**

A limited permit may be issued to an applicant who has met all requirements for licensure except the licensing examination. The permit is valid for one year, and may not be extended, but may be renewed for one additional year for good cause as determined by the Department. **The applicant named in Section I is seeking a limited permit to practice as a cytotechnologist or certified histological technician in New York State. Complete the information below to certify that the applicant will be employed by the facility or in the setting described.**

1. Applicant's name: \_\_\_\_\_

2. Name of Director of a Clinical Laboratory with a certificate of qualification issued by the NYS Department of Health:

\_\_\_\_\_  
*(print full name - no initials)*

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

3. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. E-mail Address: \_\_\_\_\_

5. Title under which the applicant will be employed: \_\_\_\_\_

**Attestation of Clinical Laboratory Director**

I declare that the statements made in the foregoing certification are true, complete and correct. Any false or misleading information in or in connection with this certification may be the cause for denial of permit and licensure.

Clinical Laboratory Director's signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print full name: \_\_\_\_\_

Title: \_\_\_\_\_

Number of Certificate of Qualification issued by NYS Department of Health: \_\_\_\_\_

**Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.**

**ADDRESS/NAME CHANGE FORM**

**INSTRUCTIONS**

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- **For address changes only:** Complete Sections I, II, and IV. **For address changes only**, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by e-mailing oparchiv@mail.nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.

- **For name changes only:** Complete Sections I, III, and IV. **Name changes** must be accompanied by supporting documentation.

Acceptable supporting documentation includes:

A court order authorizing your name change, marriage certificate, or divorce papers **and** a copy of a photo ID in your new name.

**Or**

**Two (2)** of the following:

- A letter from the Social Security Administration indicating both your old and new names.
- Copies of both old and new driver's licenses.
- Copies of both old and new New York State non-driver photo ID cards.
- Copies of both old and new Social Security Cards.
- Copies of both old and new passports.
- Copies of both old and new U.S. Military photo ID cards.

Other forms of identification may be acceptable as supporting documentation. Please contact the Records/Archives Unit by calling 518-474-3817 Ext. 380 or by e-mailing oparchiv@mail.nysed.gov before submitting.

Be sure to sign and date Section IV. Currently registered licensed professionals will be sent a new registration certificate. Also, if you would like to replace your existing license parchment with one in your **new** name, check the appropriate box in Section III and enclose your **original parchment** (your original parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it).

- **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

**NOTE:** Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

**Section I: Your General Information**

1. Name (currently on record): \_\_\_\_\_

2. Social Security Number:        Birth Date: Month   Day   Year

Telephone: Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Are you reporting an address and/or name change?  address change  name change  both

4. Effective date of change: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **(Note: Changes cannot be accepted until after the effective date.)**

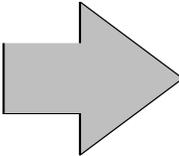
5. Licensure status in New York State:

I am an applicant for licensure in New York State for the licensed profession(s) of: \_\_\_\_\_

I am currently licensed in New York State in the profession(s) of: \_\_\_\_\_ (see list of professions on page 2)

\_\_\_\_\_ New York State license number:

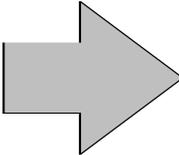
**Section II: Address Change (please print)**

Information <u>Currently On Record</u>		New Information
Apt./Bldg. _____ Street _____ City _____ State _____ Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province or Country (if not U.S.) _____		Apt./Bldg. _____ Street _____ City _____ State _____ Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province or Country (if not U.S.) _____

Is this new address a business address?  Yes  No

**Failure to answer this question will result in your address being deemed a business address and, therefore, public information.**

**Section III: Name Change (please print)** If you are reporting a name change, please sign using your **NEW** name in Section IV. **If you are currently registered you will receive a new registration certificate.**

Information <u>Currently On Record</u>		New Information
Last Name _____ First Name _____ Middle or Initial _____		Last Name _____ First Name _____ Middle or Initial _____

Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original parchment** and a **\$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment. **Note:** your **original** parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it.

**Section IV: Affidavit**

*I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Professional Titles Licensed Under Education Law**

(See item #5 on page 1 of the form.)

- |  |  |  |
|--|--|--|
| Acupuncturist<br>Architect<br>Athletic Trainer<br>Audiologist<br>Certified Clinical Laboratory Technician<br>Certified Dental Assistant<br>Certified Histological Technician<br>Certified Public Accountant<br>Certified Shorthand Reporter<br>Chiropractor<br>Clinical Laboratory Technologist<br>Creative Arts Therapist<br>Cytotechnologist<br>Dental Hygienist<br>Dentist<br>Dietitian/Nutritionist<br>Interior Designer | Landscape Architect<br>Land Surveyor<br>Licensed Clinical Social Worker<br>Licensed Master Social Worker<br>Licensed Practical Nurse<br>Marriage and Family Therapist<br>Massage Therapist<br>Medical Physicist<br>Mental Health Counselor<br>Midwife<br>Nurse Practitioner<br>Occupational Therapist<br>Occupational Therapy Assistant<br>Ophthalmic Dispenser<br>Optometrist<br>Perfusionist<br>Pharmacist | Physical Therapist<br>Physical Therapist Assistant<br>Physician<br>Podiatrist<br>Polysomnographic Technologist<br>Professional Engineer<br>Psychoanalyst<br>Psychologist<br>Public Accountant<br>Registered Physician Assistant<br>Registered Professional Nurse<br>Registered Specialist Assistant<br>Respiratory Therapist<br>Respiratory Therapy Technician<br>Speech-Language Pathologist<br>Veterinarian<br>Veterinary Technician |
|--|--|--|

**Applicants**  
**mail to**

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,  
(insert name of profession from above list) Unit, 89 Washington Avenue, Albany, NY 12234-1000.

**Licensees**  
**mail to**

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,  
Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.







**The State Education Department  
Office of the Professions  
Division of Professional Licensing Services  
89 Washington Avenue  
Albany, NY 12234-1000**