

Clinical Laboratory Technician Professional Study and Alternatives to Professional Study of Clinical Laboratory Technology

To be certified as a Clinical Laboratory Technician in New York State, you must meet the education or alternative to education requirements by meeting **ONE** of the five criteria below:

1. You are currently certified as a Medical Laboratory Technician by the American Society for Clinical Pathology (ASCP) Board of Certification with the ASCP (MLT) or ASCPi (MLT) credential.
Note: If you meet this criteria, DO NOT USE Form 2. Use ASCP's online system to submit verification of your certification to the Department to document meeting this criteria.
OR
2. You are licensed and in good standing in either California as a Medical Laboratory Technician, Hawaii as a Medical Laboratory Technician, Montana as a Clinical Laboratory Technician, or Tennessee as a Medical Laboratory Technician.
Note: If you meet this criteria, DO NOT USE Form 2. Use Form 3 to document meeting this criteria.
OR
3. You graduated from an associate degree clinical laboratory technician program (or a similarly named program) while the program was fully accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) as a Medical Laboratory Technician program at the time you graduated.
Note: USE Form 2 to document meeting this criteria.
OR
4. You graduated from a program in clinical laboratory technology from a program registered by the Department as certification qualifying at the time of graduation (A list of certification-qualifying programs can be found on the Inventory of Registered Programs available at <http://www.nysed.gov/heds/IRPSL1.html> under "CLIN LAB TECHN").
Note: USE Form 2 to document meeting this criteria.
OR
5. You graduated from a clinical laboratory technician program (or a similarly named program) that is determined by the Department to be "substantially equivalent"* to a Department-registered clinical laboratory technician program.
Note: USE Form 2 to document meeting this criteria.

*See next page for the definition of an equivalent program.

Substantial Equivalence

If you are applying for certification as a clinical laboratory technician and using this form to document that you meet the requirements for education under criteria 5, be sure to include a copy of this page with your form 2 when submitting it to your education institution for completion.

For a program to be determined substantially equivalent to a registered clinical laboratory technology program, it must lead to a bachelor or master's degree and be designed and conducted by a degree-granting institution to prepare students for professional practice as a clinical laboratory technician using independent judgment and responsibility. It should be 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 a clinical laboratory technician. In addition, the program must meet all criteria described below to the satisfaction of the Department;

Provide 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;

- a. include didactic and laboratory coursework in each of the following subject areas (or equivalent subject areas) as determined by the Department:
 1. organic chemistry;
 2. clinical chemistry;
 3. physiology, with anatomy content;
 4. microbiology, including clinical microbiology;
 5. immunology/serology;
 6. hematology/hemostasis;
 7. clinical microbiology, including body fluids; and
 8. immunohematology; and
 9. include coursework in:
 - statistics;
 - infection control;
 - universal precautions;
 - ethics; and
- b. include a supervised clinical experience of at least 30 hours per week for at least 10 weeks (i.e., 300 hours) or its equivalent, in the practice of clinical laboratory technology, which includes but is not limited to: hematology, hemostasis, immunohematology, immunology, clinical chemistry, urinalysis/body fluids and clinical microbiology.

Section II: Certification of Professional Education

Instructions to the Registrar: Complete **Part A** or **Part B**, and complete and sign the **Certification**. Return the entire form along with any required documentation directly to the Office of the Professions at the address at the end of this form. **Form 2 will not be accepted if submitted by the applicant.** For programs not registered by the Department, an official transcript or marksheet and syllabus must be attached.

Name of the applicant _____
(see Section I, item 7)

Part A - Program Registered by the New York State Education Department (NYSED): To be completed only by those schools whose clinical laboratory program was, at the time the applicant's degree was (or will be) awarded, registered by the NYSED, **OR**, accredited by an organization deemed acceptable to the Department.

It is certified that the applicant completed the program on ____mo. ____day ____yr. and was awarded the degree/diploma/advanced certificate of _____ on the date of ____mo. ____day ____yr.
(Title of degree/diploma/advanced certificate)

Name of the accrediting body that recognizes this program (if applicable) _____

Date of Accreditation ____mo. ____day ____yr.

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

Does your program include course content on infection control and universal precautions? Yes No

Does your program include course content in ethics, as it relates to health care? Yes No

If yes, list applicable courses that contain ethics content _____

Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school

Entrance Date ____mo. ____day ____yr. Completion Date ____mo. ____day ____yr. Withdrawal Date ____mo. ____day ____yr.

Degree/diploma/advanced certificate awarded _____ Date awarded ____mo. ____day ____yr.

Name and address of the accrediting body or official organization that recognizes this program

Name _____

Address _____

Date of Accreditation ____mo. ____day ____yr.

Certification - To be completed by the Registrar

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

Signature of Registrar _____ Date _____

Print Name _____

Title or official position _____

Institution _____

Seal

Address _____

Telephone _____ Fax _____ Email _____

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. **OR, Submit this form to the Department by E-mail at DPLSEduc@nysed.gov.**