

North Dakota Board of Clinical Laboratory Practice Application for License

Name (Last, First, Middle Initial) _____			
Previous Other Names _____		Social Security Number _____	
Address _____		City _____	State _____ Zip _____
County _____	Home Phone _____	Email _____	
Date of Birth _____			
Employer _____		Work Phone _____	

I am applying for a:

- License
- Provisional Permit plus License
- License by Reciprocity

LICENSE BY RECIPROCITY APPLICANTS ONLY MUST SUBMIT THE FOLLOWING:

- Verification from the licensing authority in another jurisdiction that you are currently licensed and in good standing.
- A copy of the law and rules from the jurisdiction in which you are licensed which establishes the requirements for obtaining and maintaining a license in that jurisdiction.

Category and Fee: (Check One)

- Clinical Laboratory Scientist/Medical Technologist (\$90)
- Clinical Laboratory Technician/Medical Laboratory Technician (\$70)
- Specialist (\$90)

Have you previously been licensed in North Dakota or other jurisdiction ? _____ If yes, what jurisdiction? _____

Provisional Permit Applicants Only:

To be completed by Laboratory Education Program Director.

I certify that the above applicant completed the educational and clinical requirements for the category for which they have applied on _____ (date) and is eligible to take a board recognized national certifying exam.

_____	_____		
Program Directors Signature	Date		
_____	_____	_____	
Print Name of Program Director	Date	Phone Number	
_____	_____	_____	
Address	City	State	Zip

License and Provisional Permit Applicants:

Name of Institution Attended _____

Location (City, State) _____

Major Course of Study _____

Graduation/Certification Date _____ Degree, Diploma, or Certificate Earned _____

Must Have An Official Transcript Sent to the Board Office. If Foreign Applicant, must submit an evaluation for equivalency reviewed by an evaluation agency approved by the Board.

Certification Agency Name _____

Certification Agency Address _____

City _____ State _____ Zip _____

Certification Title _____ Certification Date _____

Must Attach a Copy of Your Exam Scores

All applicants must answer the following questions:

1. Have you ever been convicted of an offense other than a minor traffic violation? ___Yes ___No

If yes, please attach a written explanation including the nature of the offense, action taken, and a copy of the court judgment.

2. Are you currently abusing alcohol or drugs which would impair your ability to perform clinical laboratory testing? ___Yes ___No

3. Have you ever been sanctioned/disciplined or been found to be in violation of either a professional association's code of ethics or a state licensing/credentialing agency's rules and regulations or statutes, or is current action regarding a violation of such pending against you?
___Yes ___No

If you answered YES to any of the above questions, you must submit a written explanation with this application for licensure.

Application Oath

I the undersigned, affirm that the information, statements, facts, and representation given above are true and correct, being aware that any misrepresentations or falsifications constitute grounds for rejection of an application or revocation of a license under Section 43-26-01 of the North Dakota Century Code, as well as a violation of Section 43-48-04.

Signature of Applicant

Date

Subscribed and sworn to before me on the _____ day of _____, _____

Seal

Signature of Notary Public

Expiration Date

Submit the application, fee, and supporting documentation to:

NDBCLP

PO Box 4103

Bismarck, ND 58502-4103

If you have any questions regarding the application process, please contact the Board office at ndbclp@aptnd.com or 701-530-0199.