

Applicant Oath

I, the undersigned, affirm that the information, statements, facts, and representations 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

Completed Application Checklist

- ___ Have you completed each section?
- ___ Is the application signed and notarized?
- ___ Have you enclosed a check or money order for the correct amount?
- ___ Has documentation of continuing education been attached?

Form, Fee, Continuing Education Verification must be received by the Board office on or before July 1, 2010. Mail to:

ND Board of Clinical Laboratory Practice
PO Box 4103
Bismarck, ND 58502-4103

Email: ndbclp@aptnd.com
Web Site: www.ndclinlab.com
Call: 701-530-0199

QUESTIONS? All license information, continuing education forms and guidelines can be found at www.ndclinlab.com