

North Dakota Board of Clinical Laboratory Practice

Application for Provisional Permit

Name (Last, First, Middle Initial) _____			
Previous Other Names _____		Social Security Number _____	
Address _____		City _____	State _____ Zip _____
County _____	Home Phone _____	Email _____	
Date of Birth _____		Are you a member of the U.S. Military or a spouse of a U.S. Military member? _____	
Employer _____		Work Phone _____	

I am applying for a: (**If you are a graduate of a categorical program in one, two, or three categoricals, you must apply for the Specialist provisional permit. If you are a graduate of all four categoricals, you must apply for the Clinical Laboratory Scientist/Medical Technologist provisional permit.)

Provisional Permit (\$50.00)
 Extension of current Provisional Permit (\$50.00)

Category: (Check One)

Clinical Laboratory Scientist/Medical Technologist
 Clinical Laboratory Technician/Medical Laboratory Technician
 Specialist

****Select up to three specialties/categoricals:** ___Hematology ___Chemistry ___Microbiology ___Blood Bank

Education Verification: (This section is not required if you have your school submit a final, official transcript.)

To be completed by Laboratory Education Program Director.

I certify that the above applicant completed/will complete 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

Name of Institution Attended _____

Location (City, State) _____

Major Course of Study _____

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

If you have your school submit a final, official transcript, you are not required to have your Laboratory Education Program Director sign this form!

Request for Extension of Provisional Permit:

Please state reason for requesting an extension and if you have a date scheduled to take the exam:

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 and copy of the court judgment with this application for licensure.

Oath of Applicant:

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

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.