

NORTH DAKOTA BOARD OF CLINICAL LABORATORY PRACTICE

ndbclp@aptnd.com

PO Box 4103

Bismarck, ND 58502-4103

List Request Form

There is a fee of \$100.00 for the list. You must include a check or money order made out to NDBCLP with this form.

Person requesting list _____

Organization or business name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

I request the following:

Purpose of the list (Please mark one):

Continuing Education Employment Recruiting Research Other (please explain) –

Format (For electronic list, the file will be in Pipe Delimited format)

(Please mark one):

Paper List Electronic

Information the Board will provide (Please mark information you wish to have on the list):

- Licensee name
- Business address
- License number
- License expiration date
- License issue date
- Disciplinary actions

*The Board will not provide e-mail or home addresses or phone numbers!

Please send your request to:

NDBCLP
PO Box 4103
Bismarck, ND 58502-4103