

NORTH DAKOTA BOARD OF CLINICAL LABORATORY PRACTICE

ndbclp@aptnd.com

PO Box 4103

Bismarck, ND 58502-4103

List Request Form

There is a \$140 administrative service fee. Make check or money order payable to NDBCLP.

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
- ☐ License number
- ☐ License expiration date
- ☐ License issue date
- ☐ Disciplinary actions
- ☐ Employment address

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

Please send your request to:

ndbclp@aptnd.com

or

NDBCLP
2900 E Broadway Ave., Ste. 3
Bismarck, ND 58501