



2024 Application for Licensure Renewal North Dakota Board of Clinical Laboratory Practice

Date Received _____
Amount _____
Late Fee _____
Check # _____

LATE FEE OF \$100.00 IF RENEWAL APPLICATION AND FEE ARE NOT RECEIVED BY THE BOARD OFFICE ON OR BEFORE JULY 1, 2024!

Personal Data

License No. _____

Name _____
Last First MI Maiden/Former

Address _____
City State Zip County

Home Telephone _____ Email _____

Employer _____ Work Telephone _____

Work Address _____
City State Zip County

Licensure Level & Fee

Category Applied For (check one)

___ CLS/MT (\$100)

___ Specialist (\$100)

___ CLT/MLT (\$80)

(List area of specialty)

Questions:

1. Within the last two years, have you ever been convicted of an offense other than a minor traffic violation? ___ Yes ___ No

2. Have you ever had or is there any action pending on a Clinical Laboratory Practice or related license in this or any other jurisdiction

Denied? ___ Yes ___ No Voluntary Surrendered? ___ Yes ___ No

Suspended? ___ Yes ___ No Placed on Probation? ___ Yes ___ No

Revoked? ___ Yes ___ No Other _____

3. Are you an active member of the U.S. Military or a spouse of an active U.S. Military member? _____

ATTACH AN EXPLANATION IF YOU ANSWERED YES TO ANY QUESTION IN THIS SECTION.

Supervision of Unlicensed Personnel

Are you currently supervising unlicensed personnel performing exempted tests? ___ Yes ___ No

If you marked 'yes', you must complete and submit the Supervision of Unlicensed Personnel Performing Exempted Tests form. You can find the form at www.ndclinlab.com or contact the NDBCLP Office and one will be emailed or sent to you.

OVER

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

Completed Application Checklist

- ___ Have you completed each section?
- ___ Is the application signed and dated?
- ___ Have you enclosed a check or money order for the correct amount?
- ___ Has Continuing Education Verification Record been attached?
- ___ Have copies of continuing education completion certificates been attached?
- ___ Has the Supervision of Unlicensed Personnel Performing Exempted Tests Form been attached? (Submit ONLY if you are currently supervising non-licensed personnel.)

Form, Fee, Continuing Education Verification Record, and signed certificates of completion for each continuing education program must be received by the Board office on or before July 1, 2024. Mail to:

ND Board of Clinical Laboratory Practice
2900 E. Broadway Ave., Ste. 3
Bismarck, ND 58501

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