



### **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 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, 2020. Mail to:**

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

Email: [ndbclp@aptnd.com](mailto:ndbclp@aptnd.com)  
Web Site: [www.ndclinlab.com](http://www.ndclinlab.com)  
Call: 701-530-0199

**QUESTIONS? All license information, continuing education forms and guidelines can be found at [www.ndclinlab.com](http://www.ndclinlab.com)**