

# North Dakota Board of Clinical Laboratory Practice

## Application for License

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 license. If you are a graduate of all four categoricals, you must apply for the Clinical Laboratory Scientist/Medical Technologist license.)

- License
- License by Reciprocity (Reciprocity applicants are not required to submit a transcript or national exam score/experience hours/continuing education.)
- License (Upgrade from current provisional permit)

**Category and Fee: (Check One)**

- Clinical Laboratory Scientist/Medical Technologist (\$100, or \$50 if upgrading from a current provisional permit)
- Clinical Laboratory Technician/Medical Laboratory Technician (\$80, or \$30 if upgrading from a current provisional permit)
- Specialist (\$100, or \$50 if upgrading from a current provisional permit)

**\*\* Select up to three specialties/categoricals: \_\_\_Hematology \_\_\_Chemistry \_\_\_Microbiology \_\_\_Blood Bank**

Have you previously been licensed in North Dakota or other jurisdiction ? \_\_\_\_\_

If yes, which jurisdiction(s)? \_\_\_\_\_

*If you are currently licensed, or previously held a license in another jurisdiction, you must have that jurisdiction submit a verification of your license.*

***\*Reciprocity applicants:*** You must submit a copy of the law and rules from the jurisdiction in which you are currently license which establishes the requirements for obtaining and maintaining a license in that jurisdiction at the time you obtained initial licensure in that jurisdiction.

### Education:

Name of Institution Attended \_\_\_\_\_

Location (City, State) \_\_\_\_\_

Major Course of Study \_\_\_\_\_

Graduation/Certification Date \_\_\_\_\_ Degree, Diploma, or Certificate Earned \_\_\_\_\_

***Must have a final, official transcript sent to the Board Office.***

***\*If Foreign Applicant, must submit an evaluation for equivalency reviewed by an evaluation agency approved by the Board as well as have your school submit a final, official transcript to the Board Office.***

**National Exam/Experience/Continuing Education (Reciprocity applicants skip this section):**

Name of Examination \_\_\_\_\_ Date of Examination \_\_\_\_\_  
(You must submit a copy of your exam score or national certification card/certificate.)

You must meet one or more of the following conditions. Mark which apply to you and submit required verification for the condition(s) you mark.

- Passed a national certifying examination approved by the NDBCLP within two years of the date of this application.
- Practiced by performing clinical laboratory testing as defined in N.D.C.C. 43-48-01(5) for a total of 300 hours within three years of the date of this application. You must submit a statement of job description and average hours worked signed by the laboratory's human resource department or the laboratory supervisor.
- Obtained 30 continuing education hours within two years of the date of this application. You must submit copies of your completion certificate(s) for the continuing education hours.

**Applicant 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.**

**Application Oath**

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 of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Seal \_\_\_\_\_  
Signature of Notary Public \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Submit the application, fee, and supporting documentation to:  
NDBCLP  
PO Box 4103  
Bismarck, ND 58502-4103**