

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 (Upgrade from current provisional permit)

Category and Fee: (Check One)

- ☐ Clinical Laboratory Scientist/Medical Technologist (see attached fee schedule)
- ☐ Clinical Laboratory Technician/Medical Laboratory Technician (see attached fee schedule)
- ☐ Specialist (see attached fee schedule)

**** 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(s), you must have that jurisdiction(s) submit a verification of your license to the NDBCLP Office. The Board will accept verifications emailed directly from the other jurisdiction to the NDBCLP Office. Verification printed from a state board website is also acceptable if you include website links and any instructions to verify your license on the other board's website. A copy of your license is not sufficient verification!*

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:

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

Submit the application, fee, and supporting documentation to:

**NDBCLP
PO Box 4103
Bismarck, ND 58502-4103**

If you have any questions regarding the application process, please contact the Board office at ndbclp@aptnd.com or 701-530-0199.

Initial Licensure Fee Schedule

Initial Fee for Licensing:

-Application received on or after May first of even-numbered year and before January first of odd-numbered year:

MT (CLS) = \$100.00

Specialist = \$100.00

MLT (CLT) = \$80.00

-Application received on or after January first of odd-numbered year and before July first of odd-numbered year:

MT (CLS) = \$75.00

Specialist = \$75.00

MLT (CLT) = \$60.00

-Application received on or after July first of odd-numbered year and on or before December thirty-first of odd-numbered year:

MT (CLS) = \$50.00

Specialist = \$50.00

MLT (CLT) = \$40.00

-Application received on or after January first of even-numbered year and before May first of even-numbered year:

MT (CLS) = \$25.00

Specialist = \$25.00

MLT (CLT) = \$20.00