

North Dakota Board of Clinical Laboratory Practice

Application for Provisional Permit

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

- Provisional Permit (\$50.00)
- Extension of current Provisional Permit (\$50.00)

Category: (Check One)

- Clinical Laboratory Scientist/Medical Technologist
- Clinical Laboratory Technician/Medical Laboratory Technician
- Specialist

****Select up to three specialties/categoricals:** ___Hematology ___Chemistry ___Microbiology ___Blood Bank

Education Verification: (This section is not required if you have your school submit a final, official transcript.)

To be completed by Laboratory Education Program Director.

I certify that the above applicant completed/will complete the educational and clinical requirements for the category for which they have applied on _____ (date) and is eligible to take a board recognized national certifying exam.

Program Directors Signature Date

Print Name of Program Director Date Phone Number

Address City State Zip

Name of Institution Attended

Location (City, State)

Major Course of Study

Graduation/Certification Date Degree, Diploma, or Certificate Earned

If you have your school submit a final, official transcript, you are not required to have your Laboratory Education Program Director sign this form!

Request for Extension of Provisional Permit:

Please state reason for requesting an extension and if you have a date scheduled to take the exam:

All applicants 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**

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