

# 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 (\$90.00)
- Extension of current Provisional Permit (\$90.00)

**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:

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### **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.**

### **Oath of Applicant:**

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.

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Signature

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Date

**Submit the application, fee, and supporting documentation to:**

**NDBCLP**

**2900 E Broadway Ave., Ste. 3  
Bismarck, ND 58501**

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