

Section II: Certification of Experience

Instructions to the Clinical Laboratory Director/Principal Researcher: Complete A and B, sign and date the affirmation and send the entire form along with **ANY additional information** directly to the Office of the Professions at the address at the end of this form. **This form will not be accepted if submitted by the applicant.**

Name of the applicant _____
(see Section I, item 3)

A. Qualifications

I am a Clinical Laboratory Director as defined below Yes No

Definition: A "Clinical Laboratory Director" means a "person who is responsible for administration of the technical and scientific operation of a clinical laboratory or blood bank, including the supervision of procedures and reporting of findings of tests".

B. Experience Information

Did the above named applicant complete such experience as indicated in Section I, item 7? Yes No

Name of setting where experience took place _____

Address of setting where experience took place _____

Dates of Experience From _____ to _____ Total clock hours: _____
mo. day yr. mo. day yr.

Affirmation of Clinical Laboratory Director

I have reviewed the information presented by the applicant on this form. I hereby declare and affirm that I am knowledgeable about, and qualified to attest to, the applicant's work experience and ability and that the work experience described by the applicant is true and accurate. I understand that any false or misleading information on this form, or related to verification of this applicant's experience, may be cause for charges of misconduct and/or criminal prosecution.

Signature _____

Date _____

Print Name _____

Title _____

Address _____

Telephone _____ Fax _____

Email _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Clinical Laboratory Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000, or by email to dplsexperience@nysed.gov.