

## Histotechnician Professional Study and Alternatives to Professional Study of Clinical Laboratory Technology

To be certified as a Histotechnician in New York State, you must meet the education or alternative to education requirements by meeting **ONE** of the five criteria below:

1. You are currently certified as a Histotechnician by the American Society for Clinical Pathology (ASCP) Board of Certification with the ASCP (HT) or ASCPi (HT) credential.  
**Note: If you meet this criteria, DO NOT USE Form 2. Use Form 3C to document meeting this criteria.**  
**OR**
2. You are licensed and in good standing in West Virginia as a Histologist.  
**Note: If you meet this criteria, DO NOT USE Form 2. Use Form 3 to document meeting this criteria.**  
**OR**
3. You graduated from an associate degree histotechnician program (or a similarly named program) while the program was fully accredited by the National Accrediting Agency for Clinical Laboratory Science (NAACLS) as a histotechnician or histotechnology program at the time you graduated.  
**Note: USE Form 2 to document meeting this criteria.**  
**OR**
4. You graduated from an associate or higher degree histotechnician program registered by the Department as licensure qualifying at the time of graduation (A list of licensure-qualifying programs can be found on the Inventory of Registered Programs available at <http://www.nysed.gov/heds/IRPSL1.html> under "HISTOLOG TECHN").  
**Note: USE Form 2 to document meeting this criteria.**  
**OR**
5. You graduated from a program that is determined by the Department to be "substantially equivalent"\* to a registered program in that leads to licensure as a histotechnician.  
**Note: USE Form 2 to document meeting this criteria.**

\*See next page for the definition of an equivalent program.

## Substantial Equivalence

**If you are applying for licensure as a certified histotechnician and using this form to document that you meet the requirements for education under criteria 5, be sure to include a copy of this page with your form 2 when submitting it to your education institution for completion.**

For a program to be determined substantially equivalent to a registered clinical laboratory technology program, it must lead to an associate or higher degree and be designed and conducted by a degree-granting institution to prepare students for professional practice as a certified histotechnician. In addition, the program must meet all criteria described below to the satisfaction of the Department;

Provide didactic and clinical education that integrates pre-analytical, analytical, and post-analytical components of laboratory services, including the principles and practices of quality assurance/quality improvement;

- a. include didactic and laboratory coursework in each of the following subject areas (or equivalent subject areas) as determined by the Department:
  1. inorganic chemistry;
  2. anatomy and physiology
  3. histology, to include microscopic analysis
  4. histological techniques, to include microtome technique, chemistry of stains and staining techniques
  5. infection control and universal precautions
  6. ethics; and
- b. include a supervised clinical experience of at least 30 hours per week for at least 8 weeks (i.e., 720 hours) in histotechnician practice or its equivalent.



**Section II: Certification of Professional Education**

**Instructions to the Registrar:** Complete **Part A** or **Part B**, and complete and sign the **Certification**. Return the entire form along with any required documentation directly to the Office of the Professions at the address at the end of this form. **Form 2 will not be accepted if submitted by the applicant.** For programs not registered by the Department, an official transcript or marksheet and syllabus must be attached.

Name of the applicant \_\_\_\_\_  
(see Section I, item 7)

**Part A - Program Registered by the New York State Education Department (NYSED):** To be completed only by those schools whose clinical laboratory program was, at the time the applicant's degree was (or will be) awarded, registered by the NYSED, **OR**, accredited by an organization deemed acceptable to the Department.

It is certified that the applicant completed the program on \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr. and was awarded the degree/diploma/advanced certificate of \_\_\_\_\_ on the date of \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.  
(Title of degree/diploma/advanced certificate)

Name of the accrediting body that recognizes this program (if applicable) \_\_\_\_\_

Date of Accreditation \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.

**Part B - Non-accredited program determined to be substantially equivalent. An official transcript or marksheet giving courses completed by year and grades and a syllabus of the course of studies completed must be attached.**

Does your program include course content on infection control and universal precautions?  Yes  No

Does your program include course content in ethics, as it relates to health care?  Yes  No

If yes, list applicable courses that contain ethics content \_\_\_\_\_

Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school

Entrance Date \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.  Completion Date \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.  Withdrawal Date \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.

Degree/diploma/advanced certificate awarded \_\_\_\_\_ Date awarded \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.

Name and address of the accrediting body or official organization that recognizes this program

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Accreditation \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.

**Certification - To be completed by the Registrar**

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.

Signature of Registrar \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title or official position \_\_\_\_\_

Institution \_\_\_\_\_

Seal

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, Submit this form to the Department by E-mail at [DPLSEduc@nysed.gov](mailto:DPLSEduc@nysed.gov).**