The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
<a href="https://www.op.nysed.gov">www.op.nysed.gov</a>

## 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

 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 <a href="http://www.nysed.gov/heds/IRPSL1.html">http://www.nysed.gov/heds/IRPSL1.html</a> 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.

<sup>\*</sup>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
  - histological techniques, to include microtome techniquest, 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 it
	equivalent.

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## Histotechnician Form 2 Certification of Professional Education

## **Applicant Instructions**

- 1. Complete Section I and sign and date item 9.
- 2. Send the entire Form 2 to the institution(s) you attended, including any fee required by the institution, and have the registrar complete Section II and return all pages 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 or if it is received in a personal envelope.
- 3. An official transcript or marksheets and syllabi are required if you completed a program that is not registered by the Department as licensure qualifying at the time of your graduation or accredited by an organization acceptable to the Department.

Section I: Applicant Information										
1.	Social Security (Leave this blank	Number if you do not have a U.S. Social Security Number)	2.	Birth Date	Month	Day	Үеаг			
3.	Print Name	Last								
		First			5	Telephone/Em	ail Address			
	Middle				0.	Telephone/Email Address  Daytime Phone				
		ddress, phone and email address are public informati home on this form for each item will deem it public in				Home	or Business			
4.	-	s				Area Code	Phone			
	(You must notify the Department within 30 days of any address of Line 1			name changes)			ress (please print clearly) me or			
	Line 2									
	Line 3				6.	New York Stat	e DMV ID Number			
	City					(Driver or Non-	-Driver ID)			
	State	ZIP Code				(Leave this blan	k if you do not have a			
	Country/ Province						DMV ID Number)			
7.	. Name as it appears on your Degree/Diploma/Advanced Certificate									
8.	Name of institu	tion attended								
	Address of inst	itution								
	Title of Degree/Diploma/Advanced Certificate awarded (in original language)									
	Date Degree/Diploma/Advanced Certificate awarded Not yet awarded yr.									
<ol> <li>I request and give my permission to the institution listed in item 8 above to complete Section II of this form and mail it to the Offic Professions at the address at the end of this form, and to release any other information requested by the State Education Depart connection with my application.</li> </ol>										
	Signature				<u>_</u>	ate				

Section II: Certification of Pro	fessional Education								
documentation directly to the Office	nplete <b>Part A</b> or <b>Part B</b> , and complete and of the Professions at the address at the eartment, an official transcript or markshee	nd of this form. Form 2 will not	be accepted if subm						
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 c	completed the program on mo. day	and was awarde	d the degree/diplon	na/advanced	certificate of				
(Title	of degree/diploma/advanced certifica	te)	_	mo. day	yr.				
Name of the accrediting body th	nat recognizes this program (if applica	ble)							
Date of Accreditation mo. da	ay yr.								
	ram determined to be substantially s and a syllabus of the course of st			et giving co	ırses				
Does your program include coul	rse content on infection control and u	niversal precautions?		Yes	No				
Does your program include cou	rse content in ethics, as it relates to h	ealth care?		Yes	No				
If yes, list applicable courses that	at contain ethics content								
Date of applicant's entrance, an	nd either the applicant's date of compl	etion of studies or withdrawa	I from the school						
Entrance Date day	yr. Completion Date mo.	With	drawal Date						
mo. day  Degree/diploma/advanced certif		day yr.	mo. Date awarded	day yr.					
	diting body or official organization tha	t recognizes this program		mo. day	yr.				
Name	anning body or omolar organization tha	rroograzee and program							
Address									
Date of Accreditation									
mo. da	ay yr.								
Certification - To be complete	ed by the Registrar								
I hereby certify that to the best of individual named on this form.	of my knowledge and belief the inform	ation in Section II is a true s	tatement of the edu	cational reco	rd of the				
Signature of Registrar			Date						
Print Name									
Title or official position									
Institution				Seal					
Address									
Telephone	Fax	Email							
	State Education Department, Office of Washington Avenue, Albany, NY 122								

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