

## Histotechnician Form 3

### Verification of Other Professional Licensure/Certification

**Complete this form if you hold, or have ever held, a license or certificate to practice any profession\* in any jurisdiction.**  
\*Profession is defined as professional titles licensed under New York State Education Law.

#### Applicant Instructions

1. Complete Section I. Be sure to sign and date item 10.
2. Send the entire form to the appropriate licensing/certifying authority for completion of Section II. Be sure to include any fee required by that licensing/certifying authority. We must receive a Form 3 for all professional licenses/certificates you have ever held except those issued by the New York State Education Department. **This form will not be accepted if submitted by the applicant.**

#### Section I: Applicant Information

1. Social Security Number  
*(Leave this blank if you do not have a U.S. Social Security Number)*
2. Birth Date    Month    Day    Year
3. Print Name    Last  
                            First  
                            Middle
5. Telephone/Email Address  
Daytime Phone  
 Home or  Business

**Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.**

4. Mailing Address  Home or  Business  
*(You must notify the Department within 30 days of any address or name changes)*  
Line 1  
Line 2  
Line 3  
City  
State                      ZIP Code  
Country/  
Province
- Area Code                      Phone  
Email Address (please print clearly)  
 Home or  Business
6. New York State DMV ID Number  
(Driver or Non-Driver ID)  
  
*(Leave this blank if you do not have a New York State DMV ID Number)*

7. Name of licensing/certifying authority to which this form is being sent \_\_\_\_\_

8. Print your name as it appears on the license/certificate issued by the licensing/certifying authority listed above.  
Name \_\_\_\_\_  
Professional title on license/certificate issued \_\_\_\_\_

9. Did you complete the examination required for licensure/certification under any non-standard conditions?  Yes  No  
(e.g., the use of a dictionary or extra time for applicants whose primary language is other than English)

10. I request and give my permission to the licensing authority to complete the information on this form and send any documentation requested, including that requested on this form, to the New York State Education Department at the address at the end of this form. I also declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section II: Verification of Licensure/Certification (Please Print)**

**Instructions to the Licensing/Certifying Authority:** If the applicant was licensed/certified in your jurisdiction, complete items 1-4, sign and date the certification and return both pages of this form along with any required documentation **directly** to the Office of the Professions at the address at the end of this form. **This form will not be accepted if returned by the applicant.** Attach additional sheets if necessary.

1. Name of the applicant \_\_\_\_\_  
*(see Section I, item 8)*

2. Professional title on license/certificate \_\_\_\_\_  
License/certificate number \_\_\_\_\_ Date of licensure/certification \_\_\_\_\_  
mo. day yr.

3. Verification of licensure/certification  
What requirements did the applicant meet to become licensed/certified in your jurisdiction?  
Education: Degree/Diploma/Certificate \_\_\_\_\_  
Examination: Examination Title \_\_\_\_\_ Date \_\_\_\_\_ mo. day yr. Score \_\_\_\_\_  
Experience:  None  
 \_\_\_\_\_ Year(s) Describe \_\_\_\_\_  
 Endorsement of license/certificate from or reciprocity with \_\_\_\_\_  
*(name of jurisdiction)*  
 Grandparented

4. A. Has the applicant been subject to any disciplinary action?  Yes  No  
B. Are any charges pending against this license/certificate?  Yes  No

**If the answer to either A or B is "yes", please attach a complete explanation with any supporting documentation.**

**Certification**

I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, except as noted above or in any attachments, this licensing/certifying authority has never taken any disciplinary action against this person and that in so far as the licensing/certifying authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_  
Title \_\_\_\_\_  
Name of Licensing/Certifying Authority \_\_\_\_\_  
Address \_\_\_\_\_ Seal  
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 [DPLSVerif@nysed.gov](mailto:DPLSVerif@nysed.gov).**