

Checklist: Certified Histological Technician

Complete the forms indicated below in the appropriate column for the type of education you have completed. Submit the forms, or request that they be submitted, to the Office of the Professions at the address at the end of each form. In the space provided on the checklist below, record the date you sent or requested the form to be sent. More information on completing the forms can be found on our web site at <http://www.op.nysed.gov/prof/clt/clp-cytforms.htm>.

Checklist	A. Graduate of a NYS <u>Licensure-Qualifying</u> Certified Histological Technician [HISTOLOG TECHN] associate's degree or (advanced) certificate program		B. Graduate of an appropriately recognized* associate's or higher degree program for Certified Histological Technician or its <u>substantial equivalent</u>		C. Limited Permit To request authorization to practice under the general supervision of the director of a clinical laboratory for up to one (1) year** while waiting to pass the ASCP Histotechnician (HT) examination	
	Required	Date Sent	Required	Date Sent	Required	Date Sent
Form 1 Application for Licensure and fee	✓		✓		✓	
Form 2 Certification of Professional Education with Section II, Part A filled out clearly and completely to identify the school and program completed.	✓				Form 2 and supporting documentation for A or B must be received and approved before the Limited Permit can be issued.	
Form 2 Certification of Professional Education and official transcript Have each college/university you attended submit a Form 2 with official transcript.			✓			
Course syllabi or other supplementary documentation to determine whether studies meet the <u>substantial equivalence</u> requirements.			✓			
Form 3 Verification of Other Professional Licensure/Certification This form must be submitted directly by the licensing/certifying authority.		Only if you are/were licensed in another jurisdiction		Only if you are/were licensed in another jurisdiction		
Form 5 Application for Limited Permit and fee					✓	

* An appropriately recognized program must be offered by a regionally accredited college or university in the US or be recognized by the appropriate civil authorities of the jurisdiction in which the program is offered.

** The permit may only be extended for one additional year if the applicant can document good cause, such as a specific physical or mental disability certified by an appropriate health care professional or other good cause which, in the judgment of the Department, made it **impossible** for the applicant to complete the examination required for licensure.

Links to all forms may be found on our web site at <http://www.op.nysed.gov/prof/clt/clp-cytforms.htm>.

Detailed information for full licensure can be found on our web site at: <http://www.op.nysed.gov/prof/clt/clp-cytlc.htm> or contact the Clinical Laboratory Technology Unit by calling 518-474-3817 ext. 260 or by email at opunit2@nysed.gov.