

Checklist I: Clinical Laboratory Technologist Full License

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/ctl/clp-cltforms.htm>.

Checklist I To be licensed, applicant must meet requirements for A, B, OR C. To obtain a Limited Permit, applicant must <u>also</u> meet requirements for D.	A. Graduate of a NYS Licensure-Qualifying Clinical Laboratory Technologist [CLIN LAB TECHNOL] bachelor's or higher degree or advanced certificate program		B. Graduate of an appropriately recognized* bachelor's or higher degree program in Clinical Laboratory Technology or its substantial equivalent		C. Graduate of an appropriately recognized* bachelor's or higher degree program in biology, chemistry, or the physical sciences AND an advanced certificate in Clinical Laboratory Technology or its substantial equivalent from a college or university credit-bearing program		D. 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 Medical Laboratory Scientist (MLS) examination		Graduate of a bachelor's or higher degree program in biology, chemistry, or the physical sciences ONLY
	Required	Date Sent	Required	Date Sent	Required	Date Sent	Required	Date Sent	
Form 1 Application for Licensure and fee	✓		✓		✓		✓		You do NOT qualify for the Clinical Laboratory Technologist license without additional education. Please refer to Checklist II for Restricted License.
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, B, or C 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.			✓		✓ (Bachelor's)				
Course syllabi or other supplementary documentation to determine whether studies meet the substantial equivalence requirements.			✓		✓ (Certificate)				
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		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/ctl/clp-cltforms.htm>.

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

Checklist II: Clinical Laboratory Technologist Restricted Licenses

In New York State, practice within the areas of **Cytogenetics**, **Flow Cytometry/Cellular Immunology**, **Histocompatibility**, **Molecular Diagnosis**, and **Stem Cell Process** requires either a full license as a clinical laboratory technologist (Checklist I) OR a restricted license as a clinical laboratory technologist (Checklist II). In the area of **Molecular Diagnosis**, restricted licensees are “Restricted” to practice in the areas of Genetic Testing-Molecular and Molecular Oncology, unless they are employed in cancer centers and designated training hospitals, which is “Not Restricted.”

Complete the forms indicated below in the appropriate column for the type of licensure you seek. 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/cltrforms.htm>.

Checklist II To be licensed, applicant must meet the requirements for the area of practice. You may only apply for one area of practice at a time.	Cytogenetics		Flow Cytometry/ Cellular Immunology		Histocompatibility		Molecular Diagnosis (Restricted)		Molecular Diagnosis (Not Restricted)		Stem Cell Process	
	Required	Date Sent	Required	Date Sent	Required	Date Sent	Required	Date Sent	Required	Date Sent	Required	Date Sent
Form 1 Application for a Restricted License and fee (clearly indicate area of practice)	✓		✓		✓		✓		✓		✓	
Form 2 Certification of Professional Education and official transcript A bachelor's or higher degree program in biology, chemistry, or the physical sciences is required.	✓		✓		✓		✓		✓		✓	
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		Only if you are/were licensed in another jurisdiction		Only if you are/were licensed in another jurisdiction		Only if you are/were licensed in another jurisdiction		Only if you are/were licensed in another jurisdiction	
Form 4 Attestation of Training Program Content (see each column for link to appropriate form) You may not begin the training program until the application has been approved and a certificate has been issued.	✓ Cyto-genetics		✓ Flow Cytometry		✓ Histocom-patibility		✓ Molecular Diagnosis Restricted		✓ Molecular Diagnosis Not Restricted		✓ Stem Cell Process	
Form 4A Certification of Completion of Training Program (see each column for link to appropriate form) Submitted by the laboratory director after you complete one full calendar year of approved training, including all required areas.	✓ Cyto-genetics		✓ Flow Cytometry		✓ Histocom-patibility		✓ Molecular Diagnosis Restricted		✓ Molecular Diagnosis Not Restricted		✓ Stem Cell Process	

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

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

Checklist III: Provisional Permit

Provisional Permits are intended for those employed in a clinical laboratory under the general supervision of a clinical director, so that they may complete the additional education requirements and pass the examination required for full licensure (Checklist I). **Once issued, the provisional permit will be valid for one year.***

Complete the forms indicated below in the appropriate column for the type of education and experience 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 provisional permit forms can be found on our web site at <http://www.op.nysed.gov/prof/ct/ct-ppforms.htm>.

Checklist III To be licensed as a <i>Clinical Laboratory Technologist</i>, applicant must meet the requirements for Method 1, 2, 3, or 4. It is suggested that the applicant also submits a Form 1 and fee for FULL licensure, if they have not already done so, when applying for a provisional permit.	Method 1 If you hold a clinical laboratory technologist license, or the equivalent, in another jurisdiction		Method 2 If you possess a current certification in clinical laboratory technology from a national certification organization acceptable to the department, including the American Society for Clinical Pathology (ASCP), American Association of Bioanalysts (AAB), AABB (formerly American Association of Blood Banks), and American Medical Technologists (AMT) (Contact the certifying body and request that an official verification of your certification be sent to the department)		Method 3 If you have both a bachelor's or higher degree in biology, chemistry, or the physical sciences AND have completed acceptable training in a clinical laboratory , including supervised clinical experience in hematology, hemostasis, immunohematology, immunology, clinical chemistry, urinalysis/body fluids, AND clinical microbiology		Method 4 If you have both a bachelor's degree in the biological, chemical, or physical sciences or mathematics and have served as a research assistant in a research laboratory, under the direction of the director or the principal researcher of such research laboratory. Refer to Provisional Permit Requirements page for additional information	
	Required	Date Sent	Required	Date Sent	Required	Date Sent	Required	Date Sent
Form 5N Application for Provisional Permit and fee	✓		✓		✓		✓	
Form 2PP - Certification of Professional Education and official transcript Have each college/university you attended submit a Form 2PP with official transcript.	✓		✓		✓		✓	
Form 3PP- 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		Only if you are/were licensed in another jurisdiction	
Form 4PP - Certification of Training/Experience Submitted directly by the Clinical Laboratory Director of the clinical laboratory where you received your training.					✓			
Form 4PP - Certification of Training/Experience Submitted directly by the Principal Researcher of the research laboratory where you completed your experience, along with a description of the research that was done.							✓	
Verification of current certification from certification organization (ASCP, AAB, AABB, or AMT)			✓					

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

* The provisional permit may be renewed, at the discretion of the department, for one additional year.

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

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