The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Clinical Laboratory Technologist Restricted License Form 4 Attestation of Training Program Content in Histocompatability

Applicant Instructions

Complete Section I. Review and complete Section II with the Clinical Laboratory Director of the Histocompatability training program in which you wish to participate. Be sure to sign and date the attestation. Ask the Clinical Laboratory Director to return the entire form to the Office of the Professions at the address at the end of the form. **This form will not be accepted if returned 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

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)

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

5. Telephone/Email Address

Daytime Phone
☐ Home or ☐ Business
Area Code Phone

Email Address (please print clearly)
☐ Home or ☐ Business

Section II: Program Information

Name of Clinical Laboratory Director

Certificate of Qualification Identification Number

Authorized category of practice

Name and address of the Clinical Laboratory in which the training program is provided. If the entity that is responsible for the services provided is not the same, include the name and address of that entity.

Section II: Program Information (Continued)

Both the applicant and Clinical Laboratory Director must initial each area listed below to show they agree that the following content will be included within the 1750 clock hours (one year) training program.

	Applicant (Initial)	**Clinical Laboratory Director** (Initial)
The training program shall include knowledge of:		
• clinical immunology;		
• immunogenetics;		
• basic molecular biology; and		
• laboratory mathematics.		
The program shall also include, but need not be limited to:		
• general laboratory principles and skills, including infection control and aseptic technique;		
• the practice of HLA typing and HLA antibody testing;		
• specimen collection, processing and handling;		
• instrumentation and equipment;		
• reagent preparation and quality control;		
• quality assurance, principles and techniques of histocompatibility assays, and crossmatching;		
• antibody screening and identification; and,		
• determination of degree of HLA matching.		

Description of Program: Provide a general description of the structure and sequence of the training program, including the distribution of time, e.g. full-time, part-time, and the plan for supervision, including the positions of any persons involved in supervision. Provide trainee's designated title, such as intern, trainee, fellow or student.

Applicant Attestation (This form must bear an original signature)

I hereby attest that I understand the above listed content must be included within the 1750 clock hour (one year) training program I wish to participate in.

Applicant Signature _____ Date _____

Print Name _____

Clinical Laboratory Director Attestation (This form must bear an original signature)

I hereby attest that I agree that the above listed content will be included within the 1750 clock hour (one year) training program.

Clinical Laboratory Director Signature _____ Date _____

Print Name _____

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.