

**Department of Health
Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257
(850) 245-4355**

GENERAL INFORMATION

Application for Clinical Laboratory Personnel Director, Supervisor, Technologist and Technician

HOW TO APPLY FOR FLORIDA CLINICAL LABORATORY PERSONNEL LICENSURE

1. FLORIDA LAWS & RULES:

You may download a copy of Section 483, Part III, Florida Statutes at www.doh.state.fl.us/mqa/clinlab/index.html. It is important to read this in order to determine your eligibility prior to applying, and to familiarize yourself with the statutes and board rules regarding your application for licensure.

2. APPLICANT'S QUESTIONS REGARDING APPLICATION STATUS:

Within thirty (30) days after the board office receives your application and fee, we will send an acknowledgment letter informing you of any deficiencies and the specific items required to complete your application. If you do not receive notice that we have received your application within forty-five (45) days of the date mailed, please contact this office. As a reminder to all applicants, Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after initial filing with the department.

3. NATIONAL EXAM INFORMATION:

Below are the national certification bodies which you must contact to request that this office be provided with verification of your National Certification. This certification must be mailed directly from the national certifying body to the Board of Clinical Laboratory Personnel.

Directors:

American Board of Bioanalysis (Hematology)
(314) 241-1445

American Association for Clinical Chemistry
(202) 835-8746

American Board of Histocompatibility & Immunogenetics
(913) 895-4602

American Board of Medical Microbiology
(202) 942-9281

American Board of Medical Laboratory Immunology
(Serology)
(202) 942-9281

National Registry of Certified Chemists (Clinical
Chemistry and Toxicology)
(703) 979-9001

Supervisors, Technologists & Technicians:

American Association of Bioanalysis
(314) 241-1445

American Board of Histocompatibility
& Immunogenetics
(913) 895-4607

American Medical Technologists
(847) 823-5169

American Society of Clinical Pathologists
(800) 267-2727

National Certification Agency for Medical Lab Personnel
(913) 895-4613

National Registry of Certified Chemists (**Supervisor ONLY**)
(703) 979-9001

If you are certified by organizations other than those listed, you may not be eligible for licensure.

4. YES/NO QUESTIONS:

All questions with "Yes or No" answer must be marked with either a "Yes or No". No other response is acceptable. For questions which require a brief explanation or description to "Yes" answers, your responses must be sufficiently detailed to ascertain the relevant dates, institution/organization names, and a brief synopsis of the reasons (i.e., the final charges or substantiated allegations)

the institution/organization took the disciplinary or other action (i.e., probation, limitation, suspension, revocation, voluntary relinquishment in lieu of disciplinary action, or any other adverse action). Certified or civil notary documentation of final disposition to “Yes” answers are required.

5. FEDERAL PRIVACY ACT:

Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. **In this instance, disclosure of a social security number is mandatory pursuant to Title 42 United States Code, Sections 653 and 654, and sections 456.013, 409.2577 and 409.2598, F.S.** Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Barring any exemption under Florida law or federal law, social security numbers must be recorded on all professional and occupational licensure applications and will be used for license verification. **Note: If you do not fill in your social security number, your application may be delayed.**

SUPPORTING DOCUMENTS – THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR APPLICATION:

1. Fee Schedule: A certified check, or money order in the appropriate amount, made payable to the Department of Health, must be attached to your application. Please staple the certified check or money order to page 1 of the application on the upper left part of the form. Your application will not be processed without these fees. These fees are required by law and include the following:

Initial licensure level:

Application Fee: (non-refundable)	
Director	\$ 90.00
Supervisor	\$ 70.00
Technologist	\$ 50.00
Technician	\$ 25.00
Licensure Fee:	
Director	\$ 65.00
Supervisor	\$ 55.00
Technologist	\$ 45.00
Technician	\$ 25.00
Unlicensed Activity Fee	\$ 5.00
Total Fee:	
Director	\$160.00
Supervisor	\$130.00
Technologist	\$100.00
Technician	\$ 55.00

Additional Specialty to Existing Licensure Level:

Application Fee: (non-refundable)	
Director	\$ 90.00
Supervisor	\$ 70.00
Technologist	\$ 50.00
Technician	\$ 25.00
Licensure Fee	\$ 25.00
Total Fee:	
Director	\$115.00
Supervisor	\$ 95.00
Technologist	\$ 75.00
Technician	\$ 50.00

<p>NOTE: Section 456.065(3), Florida Statutes, requires the Department of Health to impose upon initial licensure and each licensure renewal, a fee of \$5 per licensee to fund efforts to combat unlicensed activity.</p>

2. HIV/AIDS and Medical Errors: Florida law requires that all initial licensure applicants have Florida board approved courses in HIV/AIDS and two (2) hours on the prevention of medical errors education prior to licensure.

PLEASE NOTE: To obtain information for the HIV/AIDS and Prevention of Medical Errors courses, contact CE Broker @ 1-877-434-6323 or www.cebroke.com

3. Applicant Education and Training Data: Official transcripts must be sent directly to this office from your college or university. If you were educated in an institution outside of the United States, it is your responsibility to have your education evaluated to determine the U. S. equivalency.

If you have attended an accredited program or an approved technical training program that is not part of your college degree, submit a notarized copy of the training certificate you were issued or submit a notarized copy of your diploma or certificate of graduation. If you have completed a Florida training program, include the training program approval number. **NOTE: Even though you may have submitted these documents with a prior application, you may be required to resubmit them.**

It is the responsibility of the applicant to know the requirements for licensure before an application is submitted. Determine what is necessary according to your own qualifications. Official transcripts must be sent directly from the school; student copies are not acceptable (see additional sections concerning foreign transcripts and U. S. equivalency). A notarized copy of a diploma or a DD-214 (military) may document training, but the employer must verify experience. Applicants are advised to submit as much documentation of education, experience, and training with the original application.

4. Verification of Experience - (Do not include testing done in research, physician office laboratories or veterinary work.)

Forward the verification of experience form to your employer for completion. A letter from the employer may be used to document experience but it must contain all of the information requested on the verification of employment form. Have your employer verify the tests you performed. This form is used to determine whether you have performed tests in the full range of each area of the laboratory. **PLEASE NOTE:** If you are a foreign applicant from the Republic of Cuba and are unable to obtain employment verification, you may submit a notarized affidavit completed by a Florida licensed Clinical Laboratory Personnel or Medical Doctor, who is able to verify, in writing, your experience.

5. Name Change: Notify the board office in writing of any change in name or address. If you have changed your name (by marriage, divorce or court order) since your last application (including license renewal), you must submit a certified copy of the marriage, divorce or court record in order to change your name for licensure purposes.

6. Temporary Permit: You may request a temporary permit if your application is complete and you have submitted a copy of the approval letter from the certification agency stating the date of your examination. Your request must be submitted in writing.

NOTICE: Failure of an examination will render you ineligible to receive a temporary permit or may render a previously issued temporary permit void.

7. U.S. Bachelor's Degree Equivalency Requirements: If you have a Bachelor's degree and your major is not in a science, but you have a strong background in science, you may attempt to have your degree equated to the appropriate science degree. The chairperson of a college or university offering a science degree must complete the evaluation. A statement from the chairperson must be received with a completed U. S. Bachelor's of Science Equivalency form, stating the applicant has met the graduation requirements for a specific degree at that college or university.

FOREIGN EDUCATION EQUIVALENCY REQUIREMENTS

All foreign graduates who intend to utilize credit earned in colleges or universities outside of the United States to qualify for licensure will need to provide evidence of U. S. equivalency of such credit hours. The credentials evaluation must be performed by one of the acceptable credential evaluation services and include a breakdown of all college level courses by subject. Credit hours must be listed in semester hours. The credentials evaluation should be sent directly to the board office from the evaluator. If transcripts cannot be ordered from the foreign institution, certified copies of the original documents used in the evaluation must be submitted to the agency.

NOTE: Bachelor's degrees from Puerto Rico and the Philippines do not need a credentials evaluation; however, official transcripts must be submitted from the institution.

ACCEPTABLE FOREIGN CREDENTIALS EVALUATION SERVICES:

- | | |
|--|--|
| 1. JOSEF SILNY & ASSOCIATES
INTERNATIONAL EDUCATIONAL
CONSULTANTS
7101 SW 102 AVENUE
MIAMI, FL 33173
PHONE: (305) 273-1616
FAX: (305) 273-1338 | 2. FOUNDATION FOR INTERNATIONAL
SERVICES, INC.
14926 35 th AVENUE WEST, SUITE 210
LYNWOOD, WA 98087
PHONE: (425) 248-2262
FAX: (425)248-2262
www.fis-web.com |
|--|--|

3. EDUCATION CREDENTIAL EVALUATORS, INC.
P. O. BOX 92970
MILWAUKEE, WI 53202-0970
PHONE: (414) 289-3400
FAX: (414) 289-3411
4. CENTER FOR APPLIED RESEARCH, EVALUATION & EDUCATION, INC.
P.O. BOX 18358
ANAHEIM, CA 92817
PHONE: (714) 237-9272
FAX: (714) 237-9279
5. INTERNATIONAL EDUCATION RESEARCH FOUNDATION, INC.
P. O. BOX 3665
CULVER CITY, CA 90231
PHONE: (310) 258-9451
FAX: (310) 342-7086
6. WORLD EDUCATION SERVICES, INC.
P.O. BOX 01-5060
MIAMI, FL 33101
PHONE: (305) 358-6688
www.wes.org
7. FOREIGN ACADEMIC CREDENTIALS SERVICES, INC.
P. O. BOX 400
GLEN CARBON, IL 62034
PHONE: (618) 307-6036
(618) 656-5291
FAX: (618) 656-5292
8. WORLD EDUCATION SERVICES, INC.
BOWLING GREEN STATION
P.O. BOX 5087
NEW YORK, NY 10274-5087
PHONE: (212) 966-6311
FAX: (212) 739-6100
www.wes.org

**BOARD OF CLINICAL LABORATORY PERSONNEL
-- CLINICAL LABORATORY PERSONNEL DIRECTOR, SUPERVISOR
TECHNOLOGIST AND TECHNICIAN --**

APPLICATION CHECKLIST

- ___ 1. Application:
- All questions answered on all pages and if question not applicable, mark with N/A
 - All "Yes" answers must be accompanied by an explanation, as instructed.
 - Public Records Disclosure Form SSN
- ___ 2. Fees:
- Please make certified check or money order payable to DOH-Board of Clinical Laboratory Personnel
- ___ 3. Proof of HIV/AIDS
- ___ 4. Proof of Medical Errors
- ___ 5. Official College Transcript
- ___ 6. Verification of National Certification
- Directors:
 - American Board of Bioanalysis (Hematology)
 - American Board of Histocompatibility & Immunogenetics
 - American Board of Medical Laboratory Immunology
 - American Board of Clinical Chemistry
 - American Board of Medical Microbiology
 - Supervisors, Technologists & Technicians:
 - American Association of Bioanalysis
 - American Medical Technologists
 - National Certification Agency for Medical Lab Personnel
 - American Board of Histocompatibility & Immunogenetics
 - American Society of Clinical Pathologists
 - National Registry of Certified Chemists (**Supervisor ONLY**)
- ___ 6. Verification of Employment/Experience - Shall be signed by your Director or Personnel office
- ___ 7. Applicants applying for Supervisor or Director licensure level:
- 25 Continuing Education hours by an approved provider – supervision/administration, which includes examination

Please make cashier check or money order payable to the Department of Health. Return application and fees to:

Department of Health
Revenue Services
P.O. Box 6330
Tallahassee, FL 32314-6330

Mail all supporting documents/correspondence to: (documents sent separate from application/no money)

Department of Health
Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257



CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE

Florida Department of Health Board of Clinical Laboratory Personnel

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

Name: _____
 Last **First** **Middle**

Social Security Number: _____

APPLICANT HISTORY: (If you answer YES to the following questions, please provide additional sheets, the relevant dates and circumstances of such treatment and/or addiction along with the names and addresses of the medical practitioners or hospitals who performed such treatment.)

1. In the last five years, have you been enrolled in, required to enter into, or participated in any drug and/or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years? [] YES [] NO
2. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment? [] YES [] NO
3. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder or that has impaired your ability to practice clinical laboratory personnel within the past five years? [] YES [] NO
4. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice clinical laboratory personnel? [] YES [] NO
5. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years? [] YES [] NO
6. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice clinical laboratory personnel within the last five years? [] YES [] NO

4052 Bald Cypress Way, Bin # C07
Tallahassee, Florida 32399-3257

NAME: _____

6. APPLICANT EDUCATION AND TRAINING DATA:

- a. Education: _____
(Name of School(s) you attended)
Did you Graduate? Yes No Degree received: _____ Year Graduated: _____
- b. Name of accredited training program attended: _____
Did you complete the program? Yes No Year Completed: _____

7. NATIONAL CERTIFICATION EXAMINATION – If you have passed the national exam, please provide name and date:

Name of Certification Examination Date of Examination

8. EXPERIENCE – Use the enclosed verification form to verify experience.

9. APPLICANT HISTORY:

- a. Regardless of adjudication, have you ever been convicted of a violation of, or pled nolo contendere to, any Federal, State, Local statute, regulation, or ordinance, or entered into any plea, negotiated plea, bargain, or settlement relating to a misdemeanor or felony?
 Yes No
- b. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question. Yes No
- c. Have you ever been arrested or criminally or civilly charged with any intentional or negligent action related to the use or misuse of drugs, alcohol, or illegal chemical substances? Yes No

Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer yes to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.

- d. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? YES NO (If no, do not answer e.)
- e. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for each such conviction? YES NO
- f. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?
 YES NO (If no, do not answer g.)
- g. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? YES NO
- h. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? YES NO (If no, do not answer i. and j.)
- i. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?
 YES NO
- j. Did the termination occur at least 20 years prior to the date of this application? YES NO
- k. Have you ever had a license disciplined for sexual misconduct or committed any act in any other state that would constitute sexual misconduct? Yes No
- l. Have you had any application for a professional license, or any application to practice, denied by any state board or other governmental agency of any state or other jurisdiction? Yes No
- m. Have you ever had any professional license or license to practice revoked, suspended, or any other disciplinary action taken in any state or other jurisdiction? Yes No
- n. Have you been refused a license to practice, or the renewal thereof in any state? (The intent of this question does not pertain to the failure of previous examination) Yes No

NAME: _____

10. APPLICANT SIGNATURE:

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I affirm that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083, and 775.084, Florida Statutes.

I hereby authorize all hospitals, institutions, organizations, my references, personal physicians, employers (past and present), and all government agencies and instruments (local, state, federal, or foreign) to release to the Department of Health any information, files and/or records requested by the Department of Health in connection with the processing of this application. I further authorize the Department of Health to release to the organization, individuals, and groups listed above any information which is material to my application.

I understand that Florida law requires me, as an applicant for licensure, to supplement my application after it has been submitted with any material change in circumstances or conditions which might affect the Board of Clinical Laboratory's decision concerning my eligibility for licensure (Section 456.013, Florida Statutes). Failure to do so may result in denial of licensure and/or other action by the Board of Clinical Laboratory Personnel.

I further affirm that I have carefully read the questions in the foregoing application and have answered them completely without reservation of any kind and I declare that the answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I understand that such action shall constitute cause for denial, suspension, or revocation of the license for which I am applying.

I also affirm that I will comply with all requirements for licensure renewal in effect at the time of licensure renewal, including submission of appropriate renewal fees and completion of required continuing education credits.

I understand that an incomplete application shall expire one year after initial filing with the Department of Health as stated in Section 456.013(1)(a), Florida Statutes.

(Signature of Applicant)

(Date)

I understand that an incomplete application shall expire one year after initial filing with the Department of Health as stated in Section 456.013(1)(a), Florida Statutes.

Before me, personally appeared _____, whose identity is known to me by _____ (type of identification) and who, under oath, acknowledges that his signature appears above.

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC
My Commission Expires:

Please make cashier check or money order payable to the Department of Health. Return application and fees to:
Department of Health
Revenue Services
P.O. Box 6330
Tallahassee, FL 32399-6330

Mail all supporting documents/correspondence to: (documents sent separate from application/no money)
Department of Health
Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257

**Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257**

U. S. BACHELOR OF SCIENCE IN BIOLOGY EQUIVALENCY FORM

This form is to be used by clinical laboratory personnel applicants with a U. S. Bachelor's degree whose major is not in a chemical, biological or physical science. The chairperson of an accredited college or university offering biological science bachelor degree must do the evaluation of the applicant's academic record. The purpose of this evaluation is to determine the academic standing of the applicant in the natural sciences. It is not intended to state that the applicant has been granted a degree from a specific institution.

TO BE COMPLETED BY THE APPLICANT

I _____, am requesting a review of my academic transcripts to be evaluated for equivalency to a Bachelor's degree in biological science. I shall provide the evaluator with official transcripts and any other information he/she deems necessary.

*****TO BE COMPLETED BY THE CHAIRPERSON OF THE SCIENCE DEPARTMENT AND RETURNED TO ***
THE BOARD OFFICE BY THE COLLEGE OR UNIVERSITY**

Please determine if the above applicant's education is equivalent to that earned by a Bachelor of Science candidate from your institution. This form includes a generalized list of courses that may be used as a guideline. Your institution may have different requirements and you should insert those where appropriate. Complete the list by noting which courses the applicant completed that are equivalent to the courses offered at your institution. Include the number of semester hours completed and indicate if the topic requirement has been met. You may attach additional information to this form if necessary. Thank you for your time.

- [] The applicant has the equivalent education to a Bachelor of Science graduate with a major in _____
 [] The applicant does not have the equivalent education to any biological bachelor's degree offered by this institution.

REQUIRED COURSE/SEMESTER HOURS NEEDED:

1 yr. General Chemistry	8	_____	_____
		(Course Equated Title & Course # from Transcript)	
		_____	(Semester #'s Granted)
			(Requirement Met)
1 yr. Organic Chemistry	8	_____	
		(Course Equated Title & Course # from Transcript)	
		_____	(Semester #'s Granted)
			(Requirement Met)
1 yr. Physics	8	_____	
		(Course Equated Title & Course # from Transcript)	
		_____	(Semester #'s Granted)
			(Requirement Met)
1 yr. Calculus	6	_____	
		(Course Equated Title & Course # from Transcript)	
		_____	(Semester #'s Granted)
			(Requirement Met)
Plant Science Area	4	_____	
		(Course Equated Title & Course # from Transcript)	
		_____	(Semester #'s Granted)
			(Requirement Met)
Basic Microbiology	4	_____	
		(Course Equated Title & Course # from Transcript)	
		_____	(Semester #'s Granted)
			(Requirement Met)
Statistics	3	_____	
		(Course Equated Title & Course # from Transcript)	
		_____	(Semester #'s Granted)
			(Requirement Met)
Genetics	4	_____	
		(Course Equated Title & Course # from Transcript)	
		_____	(Semester #'s Granted)
			(Requirement Met)
Advanced Biological Science Credit	36	_____	
		(Course Equated Title & Course # from Transcript)	
		_____	(Semester #'s Granted)
			(Requirement Met)
Total	81		

Evaluator _____ Title _____ Date _____
 Institution _____ Phone # _____

**Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257**

U. S. BACHELOR OF SCIENCE IN CHEMISTRY EQUIVALENCY FORM

This form is to be used by clinical laboratory personnel applicants with a U. S. Bachelor's degree whose major is not in a chemical science. The chairperson of an accredited college or university offering chemical science bachelor degrees must do the evaluation of the applicant's academic record. The purpose of this evaluation is to determine the academic standing of the applicant in the natural sciences. It is not intended to state that the applicant has been granted a degree from a specific institution.

TO BE COMPLETED BY THE APPLICANT

I _____, am requesting a review of my academic transcripts to be evaluated for equivalency to a Bachelor's degree in a chemical science. I shall provide the evaluator with official transcripts and any other information he/she deems necessary.

*****TO BE COMPLETED BY THE CHAIRPERSON OF THE SCIENCE DEPARTMENT AND RETURNED TO ***
THE BOARD OFFICE BY THE COLLEGE OR UNIVERSITY**

Please determine if the above applicant's education is equivalent to that earned by a Bachelor of Science candidate from your institution. This form includes a generalized list of courses that may be used as a guideline. Your institution may have different requirements and you should insert those where appropriate. Complete the list by noting which courses the applicant completed that are equivalent to the courses offered at your institution. Include the number of semester hours completed and indicate if the topic requirement has been met. You may attach additional information to this form if necessary. Thank you for your time.

- The applicant has the equivalent education to a Bachelor of Science graduate with a major in _____
 The applicant does not have the equivalent education to any chemical bachelor's degree offered by this institution.

REQUIRED COURSE/SEMESTER HOURS NEEDED:

1 yr. General Chemistry	8	_____	_____
		(Course Equated Title & Course # from Transcript)	
		_____	_____
		(Semester #'s Granted)	(Requirement Met)
1 yr. Organic Chemistry	8	_____	_____
		(Course Equated Title & Course # from Transcript)	
		_____	_____
		(Semester #'s Granted)	(Requirement Met)
1 yr. Physics	8	_____	_____
		(Course Equated Title & Course # from Transcript)	
		_____	_____
		(Semester #'s Granted)	(Requirement Met)
1 yr. Calculus	6	_____	_____
		(Course Equated Title & Course # from Transcript)	
		_____	_____
		(Semester #'s Granted)	(Requirement Met)
1 yr. Physical Chemistry	8	_____	_____
		(Course Equated Title & Course # from Transcript)	
		_____	_____
		(Semester #'s Granted)	(Requirement Met)
1 yr. Analytical Chemistry	8	_____	_____
		(Course Equated Title & Course # from Transcript)	
		_____	_____
		(Semester #'s Granted)	(Requirement Met)
Advanced Organic Chemistry	3	_____	_____
		(Course Equated Title & Course # from Transcript)	
		_____	_____
		(Semester #'s Granted)	(Requirement Met)
Advanced Inorganic Chemistry	3	_____	_____
		(Course Equated Title & Course # from Transcript)	
		_____	_____
		(Semester #'s Granted)	(Requirement Met)
Advanced Math	3	_____	_____
		(Course Equated Title & Course # from Transcript)	
		_____	_____
		(Semester #'s Granted)	(Requirement Met)
Chemistry Electives	6	_____	_____
		(Course Equated Title & Course # from Transcript)	
		_____	_____
		(Semester #'s Granted)	(Requirement Met)
Total	61	_____	_____
		(Semester #'s Granted)	(Requirement Met)

Evaluator _____ Title _____ Date _____
 Institution _____ Phone # _____

Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257

VERIFICATION OF EMPLOYMENT

APPLICANT: Complete only the upper portion of this form. Do not fill out employer section. Forward to your laboratory Supervisor/Director or Personnel Director for completion. The form must be signed. Do not write over/white-out information, or fill in the list of tests or the form will be returned to you.

I _____, authorize you to verify my employment to the Board of Clinical Laboratory Personnel.
Employer: _____ CL# _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____

EMPLOYER SECTION: (Please complete the information below)

“X” SPECIALTY WORKED (You may use a separate sheet)

Dates of employment: Month/Year: _____ to Month/Year: _____ Full Time: _____ Part Time: _____

- Microbiology _____
(Test performed)
- Serology/Immunology _____
(Test performed)
- Clinical Chemistry _____
(Test performed)
- Hematology _____
(Test performed)
- Immunohematology/Blood Banking
(Donor Processing) _____
(Test performed)
- Cytogenetics _____
(Test performed)
- Molecular Pathology _____
(Test performed)
- Histocompatibility _____
(Test performed)
- Histology _____
(Test performed)
- Cytology _____
(Test performed)
- Andrology _____
(Test performed)
- Embryology _____
(Test performed)

The above information is correct to the best of my knowledge.

(Print Name)

(Signature of Laboratory Director/Personnel Director)

(Date)

