The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
<a href="https://www.op.nysed.gov">www.op.nysed.gov</a>

## Clinical Laboratory Technician Professional Study and Alternatives to Professional Study of Clinical Laboratory Technology

To be certified as a Clinical Laboratory Technician in New York State, you must meet the education or alternative to education requirements by meeting **ONE** of the six criteria below:

1. You are currently certified as a Medical Laboratory Technician by the American Society for Clinical Pathology (ASCP) Board of Certification with the ASCP (MLT) or ASCPi (MLT) credential; or you are currently certified as a Medical Laboratory Technician by the American Medical Technologists (AMT) with the AMT (MLT) credential.

Note: If you meet this criteria, DO NOT USE Form 2. Use ASCP's or AMT's online system to submit verification of your certification to the Department to document meeting this criteria.

ΩR

 You are licensed and in good standing in either California as a Medical Laboratory Technician, Hawaii as a Medical Laboratory Technician, Montana as a Clinical Laboratory Technician, or Tennessee as a Medical Laboratory Technician.

Note: If you meet this criteria, DO NOT USE Form 2. Use Form 3 to document meeting this criteria.

OR

You graduated from an associate degree clinical laboratory technician program (or a similarly named program) while the program was fully
accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) as a Medical Laboratory Technician program at
the time you graduated.

Note: USE Form 2 to document meeting this criteria.

OR

4. You graduated from a program in clinical laboratory technician from a program registered by the Department as certification qualifying at the time of graduation (A list of certification-qualifying programs can be found on the Inventory of Registered Programs available at <a href="http://www.nysed.gov/heds/IRPSL1.html">http://www.nysed.gov/heds/IRPSL1.html</a> under "CLIN LAB TECHN").

Note: USE Form 2 to document meeting this criteria.

OR

5. You graduated from a clinical laboratory technician program (or a similarly named program) that is determined by the Department to be "substantially equivalent"\* to a Department-registered clinical laboratory technician program.

Note: USE Form 2 to document meeting this criteria.

OR

You graduated from an associate degree program in a natural science or a clinical laboratory science and completed coursework
acceptable to the department and completed a clinical laboratory technician program while the program was fully accredited by the
National Accrediting Agency for Clinical Laboratory Sciences (NAACLS).

Note: USE Form 2 to document meeting this criteria.

<sup>\*</sup>See next page for the definition of an equivalent program.

## Substantial Equivalence

If you are applying for certification as a clinical laboratory technician and using this form to document that you meet the requirements for education under criteria 5, be sure to include a copy of this page with your form 2 when submitting it to your education institution for completion.

For a program to be determined substantially equivalent to a registered clinical laboratory technology program, it must lead to an associate or higher degree and be designed and conducted by a degree-granting institution to prepare students for professional practice as a clinical laboratory technician using limited independent judgment and responsibility. It should be recognized by the appropriate civil authorities of the jurisdiction in which the program is offered as a program to prepare individuals for professional practice as a clinical laboratory technician. In addition, the program must meet all criteria described below to the satisfaction of the Department.

Provide didactic and clinical education that integrates pre-analytical, analytical, and post-analytical components of laboratory services, including the principles and practices of quality assurance/quality improvement.

- a. include didactic and laboratory coursework in each of the following subject areas (or equivalent subject areas) as determined by the Department:
  - 1. inorganic chemistry;
  - 2. clinical chemistry;
  - 3. physiology, with anatomy content;
  - 4. microbiology, including clinical microbiology;
  - 5. immunology/serology;
  - 6. hematology/hemostasis;
  - 7. clinical microscopy, including body fluids; and
  - 8. immunohemtatology; and
  - 9. include coursework in:

statistics; infection control;

universal precautions;

ethics; and

b. include a supervised clinical experience of at least 30 hours per week for at least 10 weeks (i.e., 300 hours) or its equivalent, in the practice of clinical laboratory technology, which includes but is not limited to: hematology, hemostasis, immunohematology, immunology, clinical chemistry, urinalysis/body fluids and clinical microbiology.

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## Clinical Laboratory Technician Form 2 Certification of Professional Education

## **Applicant Instructions**

1. Complete Section I and sign and date item 9.

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- 2. Send the entire Form 2 to the institution(s) you attended, including any fee required by the institution, and have the registrar complete Section II and return all pages along with any required documentation directly to the Office of the Professions at the address at the end of this form. Form 2 will not be accepted if submitted by the applicant or if it is received in a personal envelope.
- 3. An official transcript or marksheets and syllabi are required if you completed a program that is not registered by the Department as licensure qualifying at the time of your graduation or accredited by an organization acceptable to the Department.

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Sec	ction I: Applicar	nt Information								
1.	Social Security (Leave this blank	Number if you do not have a U.S. Social Security Number	2. er)	Birth Date	Month	Day	Year			
3.	Print Name	Last								
		First			5	Telephone/Em	ail Address			
	Middle				5. Telephone/Email Address  Daytime Phone					
		ddress, phone and email address are public i home on this form for each item will deem it				Home	or Business			
4.	Mailing Addres	s Home or Business				Area Code	Phone			
	(You must notify the Department within 30 days of any address or name changes)					Email Address (please print clearly)  Home or Business				
	Line 1						Dusiness			
	Line 2									
	Line 3				6.		e DMV ID Number			
	City					(Driver or Non-	-Driver ID)			
	State Country/	ZIP Code					k if you do not have a			
	Province					New York State	DMV ID Number)			
7.	Name as it appears on your Degree/Diploma/Advanced Certificate									
8.	Name of institution attended									
	Address of institution									
	Title of Degree/Diploma/Advanced Certificate awarded (in original language)  Date Degree/Diploma/Advanced Certificate awarded									
9.	I request and give my permission to the institution listed in item 8 above to complete Section II of this form and mail it to the Office of the Professions at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application.									
	Signature Date									

Section II: Certification of Professional Ed	lucation										
Instructions to the Registrar: Complete Part A or Part B, and complete and sign the Certification. Return the entire form along with any required documentation directly to the Office of the Professions at the address at the end of this form. Form 2 will not be accepted if submitted by the applicant. For programs not registered by the Department, an official transcript or marksheet and syllabus must be attached.											
Name of the applicant											
	(see Section I, item 7)										
Part A - Program Registered by the New York State Education Department (NYSED): To be completed only by those schools whose clinical laboratory program was, at the time the applicant's degree was (or will be) awarded, registered by the NYSED, <b>OR</b> , accredited by an organization deemed acceptable to the Department.											
It is certified that the applicant completed the	program on day	yr. and was awarde	ed the degree/diplom on the date of	na/advanced	certificate of						
(Title of degree/dip	oloma/advanced certificate	e)	_	no. day	yr.						
Name of the accrediting body that recognizes	s this program (if applicab	le)									
Date of Accreditation dayyr.											
Part B - All Other Programs. An official tra		ving courses completed l	by year and grades	and a sylla	bus of the						
Does your program include course content of	n infection control and un	iversal precautions?		Yes	No						
Does your program include course content in	ethics, as it relates to he	alth care?		Yes	No						
If yes, list applicable courses that contain eth	ics content										
Date of applicant's entrance, and either the a	applicant's date of comple	tion of studies or withdrawa	I from the school								
Entrance Date Completion Date Withdrawal Date Mo. day yr.											
Entrance Date		day yr.	mo. Date awarded	day yr.							
Name and address of the accrediting body or		recognizes this program		mo. day	yr.						
Name											
Address											
Date of Accreditation											
mo. day yr.											
Certification - To be completed by the Reg	gistrar										
I hereby certify that to the best of my knowled individual named on this form.	dge and belief the informa	ation in Section II is a true s	tatement of the edu	cational reco	rd of the						
Signature of Registrar			Date								
Print Name											
Title or official position											
Institution				Seal							
Address											
Telephone Fax		Email									
Return Directly to: New York State Education Laboratory Technology Unit, 89 Washington DPLSEduc@nysed.gov.											

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