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 4A

Certification of Completion of a Training Program in Molecular Testing or Molecular Testing (Enhanced)

Applicant Instructions

Complete Section I. Be sure to sign and date item 8. Send this form to the Director of the Molecular Testing Training Program that you completed and ask the Director to complete Section II and to return all pages of the 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

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

Area Code Phone

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)*

7. Name of the Director of the Molecular Testing Training Program that you completed

8. I have successfully completed the Molecular Testing Training Program as described in Section II of this form. I request and give my permission to the individual listed in item 7 above to complete Section II of this form and return it to the New York State Education Department at the address at the end of the form, and to release any other information requested by the State Education Department in connection with my application.

I hereby attest that the information in Section I is true and accurate. I understand that any false or misleading information provided in connection with my application may be cause for denial or loss of licensure or criminal prosecution.

Signature Date

Section II: Certification of Training Program Completion

Training Program Director Instructions: Complete Section II. Be sure to sign and date the Affirmation. Return all pages of the 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.**

Name of the applicant _____

(see Section I, item 3)

Name of Clinical Laboratory that offered the Training Program _____

Address of Clinical Laboratory _____

New York State Department of Health (DOH) Clinical Laboratory Permit Number _____

Name of Molecular Testing Training Program Director _____

Job Title _____

DOH Issued Clinical Laboratory Director Certificate of Qualification Category _____

During the entire time that Applicant was enrolled in the Training Program, were you the Clinical Laboratory Director, or Sole Assistant Clinical Laboratory Director of the Clinical Laboratory Identified above? ☐ Yes ☐ No

Do you currently serve as the Clinical Laboratory Director or Sole Assistant Clinical Laboratory Director of the Clinical Laboratory Identified above? ☐ Yes ☐ No

I hereby attest that the above-named applicant has completed a Training Program in Molecular Testing, which met all of the following criteria (check each):

☐ The Training program covered Molecular Testing in the fields of genetics, genomics, oncology, infectious diseases, pharmacogenomics, and transfusion medicine and included a planned sequence of supervised employment or engagement in this subject matter. The Training Program provided education (i.e., lectures, reading, and/or practice) in: (1) nucleic acids and proteins, human molecular biology, molecular pathology, molecular diagnosis, molecular oncology (including the role of genetics in molecular diagnosis and molecularly targeted therapies), human and microbial molecular genetics, and molecular test result calculation, interpretation, and reporting; (2) laboratory operations relevant to molecular testing, including, but not limited to, quality control, quality assurance, safety, instrument operation and maintenance; (3) molecular techniques, including nucleic acid isolation, separation, detection, amplification, and sequencing. The training program provided the Applicant with hands-on training in molecular techniques, including but not limited to nucleic acid isolation; manipulation of RNA/DNA; separation and detection; nucleic acid amplification; sequencing; and techniques to prevent specimen contamination.

☐ The Training Program was at least 1750 hours (I year) and did not involve specimen testing or procedures that are outside the restricted license category for which the Training Program is approved.

☐ The Training Program provided continuous on-site personal supervision and training by qualified staff while the Applicant participated in the Training Program. All such Training Program staff met the following qualifications: (1) hold a DOH issued Laboratory Director Certificate of Qualification in Oncology-Molecular and Cellular Tumor Markers or in Genetic Testing-Molecular; or, (2) be a New York State licensed clinical laboratory technologist or physician who qualifies as a "laboratory supervisor" under DOH regulations (10 NYCRR section 58-1.4) who is authorized by the Clinical Laboratory to perform molecular diagnostic oncologic and genetic testing and authorized by the Training Program Director to train or supervise the Applicant, or (3) be a laboratory director or sole assistant laboratory director who holds a DOH issued Laboratory Director Certificate of Qualification in the testing area in which the Applicant is performing molecular tests. For example, a laboratory director with a CQ in virology may supervise or train a trainee while performing molecular tests to detect SARS-CoV-2.

☐ If the Training Program was approved by NYSED to prepare the Applicant to qualify for a Restricted License in Molecular Testing (Enhanced), the Training Program covered clinical laboratory molecular testing research, including: (1) the development of new or improved methodologies and procedures for molecular testing and (2) molecular test validation.

☐ I have verified that the applicant successfully completed a summative competency assessment in molecular testing in the field of Human Genetics and/or Oncology.

☐ That the applicant started and completed the training program as follows:

Duration of Experience Starting Date ____ (mo.) ____ (day) ____ (yr.) Completion Date ____ (mo.) ____ (day) ____ (yr.)

I declare and affirm under penalty of perjury that the statements made in the foregoing application, including any attached statements, are true, complete and correct.

_____ _____

Training Program Director Signature Date

Print Name _____

Address _____

Telephone _____ Fax _____ Email _____

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.