

Clinical Laboratory Technologist Provisional Permits

A provisional permit is **ONLY** for applicants who are applying for initial licensure as a clinical laboratory technologist in New York State who have not met the education or alternative to education requirements and/or examination requirements for licensure. A Provisional permit would allow an applicant to work in a clinical laboratory under supervision while meeting the the education or alternative to education requirements and/or examination requirements for licensure.

DO NOT USE THIS FORM if you meet the education or alternative to education requirements detailed in the licensure requirements for licensure as a clinical laboratory technologist in New York State.

ONLY USE THIS FORM if you meet the criteria detailed in a, b, c or d below.

- a. Be licensed as a clinical laboratory technologist or the equivalent as determined by the Department, in another jurisdiction;
OR
- b. possess current certification by an organization acceptable to the Department, such as Medical Technologist certification by the American Association of Bioanalysts (AAB) or the American Medical Technologists (AMT);
OR
- c. have both a bachelor degree in the biological, chemical, or physical sciences and training in a clinical laboratory, which are acceptable to the Department;
OR
- d. have both a bachelor degree in the biological, chemical, or physical sciences or in mathematics, and have worked as a research assistant in a research laboratory, under the direction of the director or the principal researcher of such research laboratory, working on the research and development of any procedures and examinations to be conducted by a laboratory, as defined in title five of article five of the public health law, on material derived from the human body which provides information for the diagnosis, prevention or treatment of a disease or assessment of a human medical condition.

Important Note: If you have not already done so, you **MUST** submit a Form 1 and application fee in addition to this Form 5PP.

Clinical Laboratory Technologist Form 5PP Application for Provisional Permit

If you have not already done so, you must submit a Form 1 and application fee in addition to this Form 5PP.

Applicant Instructions

1. A provisional permit authorizes practice as a clinical laboratory technologist under the general supervision of the director of a clinical laboratory, as determined by the Department. Complete Section I. You must answer all questions **in ink** (pen or printer) and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Be sure to sign and date item 10.**
2. Submit this application and the \$50 provisional permit fee to the Office of the Professions at the address at the end of this form. **Permits cannot be issued until all required documentation has been received and approved.** The provisional permit is valid for a period of 24 months. The permit may be not be renewed.
3. If you change supervisors or settings after a permit is issued, you must obtain an amended permit. Complete a new Form 5PP with each prospective supervisor, and return it to the Office of the Professions. A new fee is not required for a permit issued as a result of a change in supervisor.

Clinical Laboratory Technologist Provisional Permit **92** **\$50** **PR**

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
5. Telephone/Email Address
Daytime Phone
 Home or Business

Area Code Phone
Email Address (please print clearly)
 Home or Business
4. Mailing Address Home or Business
(You must notify the Department promptly of any address or name changes)
Line 1 _____
Line 2 _____
Line 3 _____
City _____
State ZIP Code _____
Country/
Province _____
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. I am applying for Original Permit (Include appropriate fee)
 Change of Setting*
 Change of Supervisor*

*If you are applying for a change of setting or supervisor, please indicate the setting and/or supervisor being cancelled.

8. Name of prospective supervising Clinical Laboratory Director _____

9. I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, my application may be cause for denial of permit and certification/licensure and may result in criminal prosecution.

Signature _____

Date _____

Section II: Clinical Laboratory Director's Certification of Employment

A provisional permit may be issued to an applicant who has met the requirements of Education Law section 8608(2). A permit is valid for 24 months and may be not be renewed.

Clinical Laboratory Director Instructions: Complete items 1-4, and sign and date the attestation to certify that the applicant will be employed as a clinical laboratory technologist or a certified histological technician by the facility or in the setting described.

1. Name of the applicant _____

2. Name of the Director of the Clinical Laboratory that will supervise the applicant

(Print full name - no initials)

Does the above named director hold a certificate of qualification issued by the NYS Department of Health? Yes No

If "yes", certificate number _____

3. Name of the Facility where the applicant will be employed

Address _____

Telephone _____ Fax _____ E-mail _____

4. Title under which the applicant will be employed _____

Attestation of Clinical Laboratory Director

I declare and affirm that the information provided in the foregoing certification is true, complete and correct. Any false or misleading information in, or in connection with this certification may be cause for denial of permit and licensure and disciplinary action against my license and may result in criminal prosecution.

Clinical Laboratory Director's Signature Date

Print Name _____

Title _____

Address _____

Telephone _____

Fax _____

Email _____

If you are applying for an original permit, mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201 U.S.A.. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.

If you are ONLY applying for a change of supervisor/setting, mail this form to: New York State Education Department, Office of the Professions, Clinical Laboratory Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000. **No fee is needed for this option.**