

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

To be licensed as a Cytotechnologist 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 Cytotechnologist by the American Society for Clinical Pathology (ASCP) Board of Certification with the ASCP (CT) or ASCPi (CT) credential.  
**Note: If you meet this criteria, DO NOT USE Form 2. Use Form 3C to document meeting this criteria.**  
**OR**
2. You are licensed and in good standing in either California as a Cytotechnologist, or Hawaii as a Cytotechnologist.  
**Note: If you meet this criteria, DO NOT USE Form 2. Use Form 3 to document meeting this criteria.**  
**OR**
3. You graduated from an bachelor or master degree cytotechnology program (or a similarly named program) while the program was fully accredited by the National Accrediting Agency for Clinical Laboratory Science (NAACLS) as a cytotechnology program at the time you graduated.  
**Note: USE Form 2 to document meeting this criteria.**  
**OR**
4. You graduated from a bachelor or master degree in cytotechnology from: a program registered by the Department as licensure qualifying at the time of graduation (A list of licensure-qualifying programs can be found on the Inventory of Registered Programs available at <http://www.nysed.gov/heds/IRPSL1.html> under "CYTOTECHNOLOGIST").  
**Note: USE Form 2 to document meeting this criteria.**  
**OR**
5. You graduated from a bachelor or master degree cytotechnology program that is determined by the Department to be the "substantially equivalent"\* to a Department-registered cytotechnologist program.  
**Note: USE Form 2 to document meeting this criteria.**  
**OR**
6. You completed a bachelor degree program in biology, chemistry, or the physical sciences registered by the Department, or determined by the Department to be the substantial equivalent\* of such degree program, that meets **EITHER** criteria (a) or (b) below:
  - a. a credit-bearing advanced certificate program or a hospital-based cytotechnology program that, at the time of completion, was accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) as a cytotechnology program; or
  - b. a credit-bearing advanced certificate cytotechnology program that is registered by the Department or determined by the Department to be the substantial equivalent\* of a registered program. (A list of acceptable advanced certificate programs can be found on the Inventory of Registered Programs available at <http://www.nysed.gov/heds/IRPSL1.html> under "CYTOTECHNOLOGIST".).**Note: USE Form 2 to document meeting this criteria.**

\*See next page for the definition of an equivalent program.

## Substantial Equivalence

**If you are applying for licensure as a cytotechnologist and using this form to document that you meet the requirements for education under criteria 5 or 6, 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 cytotechnology program, it must lead to a bachelor's or higher degree and be designed and conducted by a degree-granting institution to prepare students for professional practice as a cytotechnologist using independent judgement 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 practice as a cytotechnologist. 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. anatomy and physiology;
  3. cell biology;
  4. cytopathology, including, but not limited to, female genital tract, respiratory tract, gastro-intestinal and genitourinary tracts, body fluids, evaluation of specimens from washes and brushes of all body sites, and evaluation of specimens from fine needle aspiration biopsies of all body sites
  5. cytopreparatory techniques, including, but not limited to, preparation, staining and processing of body samples;
  6. microscopic evaluation and interpretation of cytopathology of the sample types and body systems identified in item (4) of this paragraph; and
  7. include coursework in:
    - organic chemistry;
    - mathematics and statistics;
    - infection control and universal precautions;
    - human genetics;
    - immunology;
    - clinical microbiology;
    - the maintenance of equipment and records; and
    - 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 cytotechnology.

## Cytotechnologist Form 2 Certification of Professional Education

### Applicant Instructions

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

### Section I: Applicant Information

1. Social Security Number \_\_\_\_\_ 2. Birth Date \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
*(Leave this blank if you do not have a U.S. Social Security Number)*

3. Print Name Last \_\_\_\_\_  
First \_\_\_\_\_  
Middle \_\_\_\_\_

5. Telephone/Email Address  
Daytime Phone \_\_\_\_\_  
 Home or  Business

**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)

Area Code \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address (please print clearly) \_\_\_\_\_  
 Home or  Business

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. 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 \_\_\_\_\_  Not yet awarded  
mo. yr.

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 Education**

**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, **OR**, accredited by an organization deemed acceptable to the Department.

It is certified that the applicant completed the program on \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr. and was awarded the degree/diploma/advanced certificate of \_\_\_\_\_ on the date of \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.  
(Title of degree/diploma/advanced certificate)

Name of the accrediting body that recognizes this program (if applicable) \_\_\_\_\_

Date of Accreditation \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.

**Part B - Non-accredited program determined to be substantially equivalent. An official transcript or marksheet giving courses completed by year and grades and a syllabus of the course of studies completed must be attached.**

Does your program include course content on infection control and universal precautions?  Yes  No

Does your program include course content on maintenance of equipment and records?  Yes  No

Does your program include course content in ethics, as it relates to health care?  Yes  No

If yes, list applicable courses that contain ethics content \_\_\_\_\_

Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school

Entrance Date \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.  Completion Date \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.  Withdrawal Date \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.

Degree/diploma/advanced certificate awarded \_\_\_\_\_ Date awarded \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.

Name and address of the accrediting body or official organization that recognizes this program

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Accreditation \_\_\_\_mo. \_\_\_\_day \_\_\_\_yr.

**Certification - To be completed by the Registrar**

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.

Signature of Registrar \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title or official position \_\_\_\_\_

Institution \_\_\_\_\_

Seal

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. **OR, Submit this form to the Department by E-mail at [DPLSEduc@nysed.gov](mailto:DPLSEduc@nysed.gov).**