

Histotechnologist Professional Study and Alternatives to Professional Study of Clinical Laboratory Technology

To be licensed as a Histotechnologist in New York State, you must meet the education or alternative to education requirements by meeting **ONE** of the seven criteria below:

1. You are currently certified as a Histotechnologist by the American Society for Clinical Pathology (ASCP) Board of Certification with the ASCP (HTL) or ASCPi (HTL) credential.
Note: If you meet this criteria, DO NOT USE Form 2. Use ASCP's online system to submit verification of your certification to the Department to document meeting this criteria.
OR
2. You are licensed and in good standing in Nevada as a Histotechnologist.
Note: If you meet this criteria, DO NOT USE Form 2. Use Form 3 to document meeting this criteria.
OR
3. You graduated from a bachelor's or higher degree histotechnologist program while the program was fully accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) at the time you graduated.
Note: USE Form 2 to document meeting this criteria.
OR
4. You graduated from a bachelor's or higher degree program in histotechnology 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 "HISTOTECHNOL").
Note: USE Form 2 to document meeting this criteria.
OR
5. You graduated from a bachelor's or higher degree program in histotechnology that is determined by the Department to be "substantially equivalent"* to a Department-registered histotechnologist program.
Note: USE Form 2 to document meeting this criteria.
OR
6. You graduated from a bachelor's or higher degree program in a natural science or a laboratory science **AND** you completed coursework acceptable to the Department **AND** you meet criteria in **EITHER** (a) or (b) below:
 - a. A credit bearing advanced certificate program in histotechnology that is registered by the Department as license qualifying (or determined by the Department to be the substantial equivalent); or
 - b. A credit-bearing or hospital based histotechnology program that you completed while the program was accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) as a histotechnologist program.**Note: USE Form 2 to document meeting this criteria.**
OR
7. You completed a bachelor's degree in a natural science or in a clinical laboratory science and coursework acceptable to the Department **AND** you meet criteria in **EITHER** (a) or (b) below:
 - a. At least two years' full-time experience (or the part-time equivalent) working in a clinical laboratory while certified as a histotechnician in New York State or as a histologist in West Virginia; or
 - b. at least two years' full-time experience (or the part-time equivalent) working in a clinical laboratory while certified by the American Society for Clinical Pathology (ASCP) Board of Certification as a Histotechnician with the following credentials: ASCP (HT) or ACSPI (HT).**Note: USE Form 2 to document meeting this criteria. You must ALSO USE Form 4 to document the professional experience required to meet this criteria.**

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

Substantial Equivalence

If you are applying for licensure as a histotechnologist 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 histotechnology program, it must lead to a bachelors degree or higher degree and be designed and conducted by a degree-granting institution to prepare students for professional practice as a histotechnologist using 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 histotechnologist. In addition, the program must meet all criteria described below to the satisfaction of the Department;

- a. be a histotechnology program leading to a bachelor's or higher degree or post-baccalaureate advanced certificate, the combination of which shall:
 1. include coursework, which may include a laboratory component, in each of the following subject areas or their equivalent as determined by the department:
 - i. anatomy and physiology;
 - ii. inorganic and organic chemistry;
 - iii. histology;
 - iv. histological techniques, including but not limited to; (i) specimen accessioning, grossing, fixation, processing, embedding, sectioning (including microtomy), and staining techniques; (ii) immunohistochemistry procedures; and (iii) molecular and cytology preparation techniques;
 - v. laboratory operations relevant to histology services, including, but not limited to, quality control, quality assurance, equipment maintenance, record keeping, laboratory procedures, and safety; and
 2. include a supervised clinical experience of at least 500 clock hours of histotechnologist practice; **or**
- b. be a program that leads to a bachelor's degree in histotechnology (or similarly named program), or an appropriate clinical education program that has at least a bachelor's degree as an admissions requirement, and that meets accreditation standards as a histotechnology program (or similarly named program) from a national accrediting organization acceptable to the department. For programs in the process of obtaining accreditation, in addition to maintaining compliance with all applicable provisions of this Part, continued registration of the program will be contingent upon the demonstration of adequate progress towards full accreditation as determined by the department. For accredited programs, in addition to maintaining compliance with all applicable provisions of this Part, re-registration will be contingent upon maintaining accreditation status.

Histotechnologist 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
(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

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

 Area Code Phone
 Email Address (please print clearly)
 Home or Business
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 mo. yr. Not yet 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 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 histotechnology 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 - All Other Programs. 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 quality control and quality assurance? Yes No

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

Does your program include course content on laboratory procedures and safety? Yes No

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.**