

Clinical Laboratory Technologist Restricted License Form 4

Attestation of Training Program Content in Flow Cytometry/Cellular Immunology

Applicant Instructions

Complete Section I. Review and complete Section II with the Director of the Flow Cytometry/Cellular Immunology Training Program in which you want to participate. Be sure to sign and date the applicant attestation and ask the Training Program Director 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 <i>(Leave this blank if you do not have a U.S. Social Security Number)</i>	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 <input type="checkbox"/> Home or <input type="checkbox"/> Business <i>(You must notify the Department within 30 days of any address or name changes)</i>		Area Code	Phone	
Line 1			Email Address (please print clearly)	
Line 2			<input type="checkbox"/> Home or <input type="checkbox"/> Business	
Line 3				
City				
State	ZIP Code			
Country/ Province				
			6. New York State DMV ID Number (Driver or Non-Driver ID)	
			<i>(Leave this blank if you do not have a New York State DMV ID Number)</i>	

Section II: Training Program Information

1. Name of Clinical Laboratory offering the Training Program _____
Address of Clinical Laboratory _____
New York State Department of Health (DOH) Clinical Laboratory Permit Number _____
Indicate whether the DOH issued Clinical Laboratory Permit includes the following subcategories of Cellular Immunology

Leukocyte Function	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Malignant Leukocyte Immunophenotyping	<input type="checkbox"/> Yes <input type="checkbox"/> No
Malignant Leukocyte Immunophenotyping	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Name of Flow Cytometry/Cellular Immunology Training Program Director _____
Job Title _____
Contact Email Address _____
Contact Telephone Number _____
Check Each that apply

I hold a DOH issued Laboratory Director Certificate of Qualification in Flow Cytometry/Cellular Immunology.
 I am the Clinical Laboratory Director of the Clinical Laboratory described above.
 I am a sole Assistant Clinical Laboratory Director at the Clinical Laboratory described above.

Section II: Training Program Information (Continued)

3. The applicant and the Training Program Director must initial below indicating that all the following Training Program requirements will be met.

The Training Program will cover laboratory methods in Flow Cytometry/Cellular Immunology, including the technique for counting, sorting, and characterization of cells suspended in a fluid stream based on their physical properties and expression of cell surface molecules; general laboratory principles and skills; infection control and aseptic technique; instrumentation and equipment; quality control and quality assurance; the basic principles of flow cytometry, including specimen preparation, fluidics and electronics; fluorochrome selection; antibody selection; the design of flow cytometry procedures, including routine standardization and quality management; and specific clinical applications. The Training Program will only include hands-on laboratory testing services authorized by a Department of Health Clinical Laboratory Permit in the category of Cellular Immunology.

Applicant Initials _____ Training Program Director Initials _____

The Training Program will be at least 1750 hours (1 year) and will not involve any testing or procedures on specimens which are outside the restricted license category of Flow Cytometry/Cellular Immunology.

Applicant Initials _____ Training Program Director Initials _____

The Training Program will provide continuous on-site personal supervision and training by qualified staff whenever the Applicant performs any clinical laboratory services. The staff shall meet the following qualifications: (1) hold a DOH issued Laboratory Director Certificate of Qualification in Cellular Immunology 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) and who is authorized by the Clinical Laboratory to perform flow cytometry/cellular immunology testing and authorized by the Training Program Director to train or supervise the Applicant.

Applicant Initials _____ Training Program Director Initials _____

Description of Program: Describe how the Training Program will be taught (i.e., readings, lectures, supervised hands-on clinical practice) including educational resources (i.e., specific SOPs, textbooks, online coursework) to be used to teach each required topic described in Item 3 above as well as any additional flow cytometry/cellular immunology topics to be covered by the Training Program. Describe how the Training Program will evaluate the trainee's learning and competency for each Training Program topic. The Training Program description should also include a tentative amount of time training will occur each week and the plan for supervising the trainee during hands-on training in the clinical laboratory, including the positions of staff involved in supervision.

Applicant Attestation

I hereby attest that the information I provided on this form is accurate and complete, and that I understand the above-described Training Program requirements must be met to successfully complete the training program.

Applicant Signature

Date

Print Name

Training Program Director Attestation

I hereby attest that the information I provided on this form is accurate and complete, and that I understand the above-described Training Program requirements must be met for the Applicant to successfully complete the Training Program.

Training Program Director Signature

Date

Print Name

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.