

Clinical Laboratory Technologist Restricted License Form 4 Attestation of Training Program Content in Histocompatibility

Applicant Instructions

Complete Section I. Review and complete Section II with the Director of the Histocompatibility 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 _____
(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
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)*

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 category of Histocompatibility.
 Yes No
2. Name of Histocompatibility 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 Histocompatibility.
 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 clinical immunology, immunogenetics, basic molecular biology, and laboratory mathematics; general laboratory principles and skills, including infection control and aseptic technique; the practice of HLA typing and HLA antibody testing; specimen collection, processing and handling; instrumentation and equipment; reagent preparation and quality control; quality assurance, principles and techniques of histocompatibility assays, and crossmatching; antibody screening and identification; and determination of degree of HLA matching and may include other laboratory methods in histocompatibility.

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 Histocompatibility.

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 Histocompatibility 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 histocompatibility 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 histocompatibility 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.