

Section II: Certification of Training Program Completion

Training Program Director Instructions: Complete Section II. Be sure to sign and date the Affirmation. 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.**

Name of the applicant _____
(see Section I, item 3)

Name of Clinical Laboratory that offered the Training Program _____

Address of Clinical Laboratory _____

New York State Department of Health (DOH) Clinical Laboratory Permit Number _____

Name of Toxicology Training Program Director _____

Job Title _____

DOH Issued Clinical Laboratory Director Certificate of Qualification Category _____

During the entire time that Applicant was enrolled in the Training Program, were you the Clinical Laboratory Director, or Sole Assistant Clinical Laboratory Director of the Clinical Laboratory Identified above? Yes No

Do you currently serve as the Clinical Laboratory Director or Sole Assistant Clinical Laboratory Director of the Clinical Laboratory Identified above? Yes No

I hereby attest that the above-named applicant has completed a Training Program in Toxicology, which met all of the following criteria (check each):

The Training Program covered laboratory methods in toxicology, including qualitative and quantitative determination of xenobiotics present in biological specimens; general laboratory principles and skills; basic principles of chemistry, biology, and the physical sciences; basic principles of pharmacology; basic principles of purification, separation, and extraction techniques; instrumentation and equipment; quality control and quality assurance; laboratory mathematics; the principles of immunoassay techniques; preparation and processing of biological specimens for toxicological analysis; the principles of analytical techniques; review and certification of toxicology results; aseptic technique and infection control and specific clinical application.

The Training Program was at least 1750 hours (1 year) and did not involve specimen testing or procedures that are outside the restricted license category of Toxicology.

The Training Program provided continuous on-site personal supervision and training by qualified staff while the Applicant participated in the Training Program. Training Program staff met the following qualifications: (1) hold a DOH issued Laboratory Director Certificate of Qualification in Therapeutic Substance Monitoring/Quantitative Toxicology and or in Clinical Toxicology 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 toxicology testing and authorized by the Training Program Director to train or supervise the Applicant.

I have verified that the applicant successfully completed the Toxicology Training Program.

That the applicant started and completed the training program as follows:

Duration of Experience Starting Date _____ Completion Date _____
mo. day yr. mo. day yr.

I declare and affirm under penalty of perjury that the statements made in the foregoing application, including any attached statements, are true, complete and correct.

Training Program Director Signature _____ Date _____

Print Name _____

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.