LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LABORATORIES DIVISION
2725 WAIMANO HOME ROAD
PEARL CITY, HAWAII 96782-1496

In reply, please refer to:
File: SLD/Clinical Lab Pers. Licensing

Verification of Certification by Written Examination

Applicant: Please complete and sign the top part of this form and mail it to the agency that certified you by written examination. Contact the agency by phone (Attachment B) for the correct mailing address for verification. The agency's address to verify your certification may be different from the address for examinations listed on Attachment B. Copies of this form can be used.

Dear Registry Administrator:

I am applying for a clinical laboratory personnel license in the state of Hawaii. Please verify that I have passed a written examination given by your agency by mailing this letter to:

State Laboratories Division
Attn: Clinical Lab Personnel Licensing
State of Hawaii Dept. of Health
2725 Waimano Home Road
Pearl City, HI 96782

_____	_____	_____
Applicant's Signature	Applicant's typed or printed name	Date of Birth
_____	_____	
Applicant's Social Security No.	Date	

Certification agency, please complete:

Name as it appears on certificate: _____

Profession: _____

Certification was issued on _____ (date) after passing a written examination.

_____	_____	_____
Authorized signature	Title	Date

_____ (____)_____
Name of organization Phone Number