STATE OF HAWAII DEPARTMENT OF HEALTH STATE LABORATORIES DIVISION 2725 WAIMANO HOME ROAD PEARL CITY, HAWAII 96782  APPLICATION FOR LICENSURE AS (CHECK ONE ONLY)		DO NOT WRITE IN SHADED SECTION						
		☐ APPROVED Date: ☐ DISAPPR			OVED Date:			
		TYPE OF FEE PAID	: APPLICATION \$25		LICENSE \$			
		Check No./Date	):					
		Receipt No./Date	<b>)</b> :					
		NOTES:						
<ul><li>☐ Medical Technologist</li><li>☐ Clinical Laboratory Specialist in:</li></ul>		LICENSE		DATE LOGGED				
		NO. ISSUED	DATE MAILED			-		
☐ Cytotechnologist		NO. 1330LD	DATE MAILED	DATA	BASE	0/0		
_ , ,								
USE TYPEWRITER OR PRINT CLEARLY								
FULL NAME:								
	Last		First			Middle		
SSN LAST FOUR #'s:		DATE C	F BIRTH:					
HOME ADDRESS:			TELEPHONE-RESIDENCE: ( )					
				JSINESS:	( )			
City	Stat	te Zip Code						
E-MAIL:EMPLOYER'S NAME AND ADDRESS:								
LIVII LOTEIX O NAIVIE AIND	ADDI(155							
EDUCATION NAM	IE & LOCATION	YEARS	MAJOR OR MI	NOR	DEGRE	E/DATE RCVD.		
		<u>ATTENDED</u>			•			
High School Training or								
Technical School			-					
College or								
University								
All professional experience		past 5 or more years						
Attach a description of dutie	s performed	-				Date of		

<u>Address</u>

Employment From - To

Position Title

Employer's Name

<u>Otr</u>	er current and valid state	<u>e licenses</u>							
Name of State		License Category	<u>License No.</u>	<u>Date Issued</u>					
Pro	fessional Certification								
110	iessional Certification								
Name of Agency		<u>Category</u>	Registry No.	<u>Date Issued</u>					
1.	<ol> <li>Has your license in any state or country ever been revoked, suspended, or otherwise subject to disciplinary action? If "yes" specify state where action took place.</li> </ol>								
2.	<ol> <li>Are you presently being investigated or is any disciplinary action presently pending against you relating to your performance as a clinical laboratory professional?</li> <li>If "yes", please explain:</li> </ol>								
I hereby certify that the foregoing statements are true to the best of my knowledge. Also, I understand that any expenses incurred for taking the examination or for evaluation of my credentials, will be my responsibility and are not part of the license fee.									
		Signati	ure (in ink)	Date					
		_							

Send this completed application and required documents to:

Hawaii State Laboratories Division Clinical Laboratory Personnel Licensing 2725 Waimano Home Road Pearl City, HI 96782

If you have any questions or concerns, please call (808) 453-6653.