

DAVID Y. IGE
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, 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/ADMIN

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. **NOTE: For ASCP certification, please access the ASCP website, <https://www.ascp.org/content/board-of-certification/verify-credentials> in order to request verification be sent to the state of Hawaii. Do not use the Attachment C form.**

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 of Hawaii Dept. of Health
State Laboratories Division
2725 Waimano Home Rd.
Pearl City, HI 96782
Attn: Licensing

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