



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

Applicant: Please complete and sign the top part of this form and mail it to the agency that certified you by written examination. 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:

Hawaii State Dept. of Health
State Laboratories Division
Attention: Clinical Lab Personnel Licensing
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