



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

DO NOT WRITE IN SHADED SECTION

APPROVED Date: _____

DISAPPROVED Date: _____

TYPE OF FEE PAID:

APPLICATION \$25

LICENSE \$ _____

Check No./Date: _____

Receipt No./Date: _____

NOTES: _____

APPLICATION FOR LICENSURE AS

**Medical Laboratory Technician
 (Clinical Laboratory Technician)**

LICENSE

DATE LOGGED

NO. ISSUED

DATE MAILED

DATABASE

B/B

USE TYPEWRITER OR PRINT CLEARLY

FULL NAME: _____
 Last First Middle

SSN LAST FOUR #'s: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ TELEPHONE-RESIDENCE: () _____

City State Zip Code -BUSINESS: () _____

EMAIL: _____

EMPLOYER'S NAME AND ADDRESS: _____

EDUCATION	NAME & LOCATION	YEARS ATTENDED	MAJOR OR MINOR	DEGREE/DATE RCVD.
High School	_____	_____	_____	_____
Training or Technical School	_____	_____	_____	_____
College or University	_____	_____	_____	_____

All professional experience or training during past 5 or more years
Attach a description of duties performed

Employer's Name	Address	Position Title	Date of Employment From - To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other current and valid state licenses

<u>Name of State</u>	<u>License Category</u>	<u>License No.</u>	<u>Date Issued</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Certification

<u>Name of Agency</u>	<u>Category</u>	<u>Registry No.</u>	<u>Date Issued</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

-
1. Has your license in any state or country ever been revoked, suspended, or otherwise subject to disciplinary action?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. _____
 2. Are you presently being investigated or is any disciplinary action presently pending against you relating to your performance as a clinical laboratory professional?
If "yes", please explain:

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.

Signature (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.