APPLICATION FOR RENEWAL OF LICENSE for CLINICAL LABORATORY PRACTITIONER

OFFICE OF LABORATORY SERVICES
ATTN: PERSONNEL LICENSURE
167 11TH AVENUE
SOUTH CHARLESTON, WV 25303
Phone (304) 558-3530 extension 58914 | Fax (304) 746-0658

PLEASE FILL IN THE INFORMATION IN THE AREAS PROVIDED

LAST NAME	FIRST NAME	MIDDLE NAME		MAIDEN NAME	TELEPHONE #
ADDRESS	CITY	STATE	ZIP	LICENSE #	EXPIRATION DATE

LAB INFORMATION

LAB NAME	LAB ADDRESS	LAB CITY	LAB STATE	LAB ZIP

CLIA #	TESTING COMPLEXITY	LAB DIRECTOR	LAB TELEPHONE	PREVIOUS EMPLOYER
	❒ HIGH ❒ MODERATE ❒ WAIVED MARK ALL THAT APPLY			

EDUCATION (Mark (X) in the correct box)

HOSPITAL DIPLOMA	HS OR EQUIV	AS	BS/BA	REGENTS/BA	MS/MA	MD/DO/PHD

TITLE (Mark (X) in the correct box)

MT	MLT	CLA/CLT	RN	LPT	MED ASSIST	MD	MICRO	CHEM	SPECIFY OTHER

ADDITIONAL INFORMATION

CATEGORY	CERTIFICATION AGENCY	YEARS OF EXPERIENCE

LIST ANY CHANGES IN TESTING WHICH YOU ROUTINELY PERFORM IN YOUR LABORATORY

If there are no changes from last year's application – indicate **NO CHANGE** by checking box. ❒

TEST	REAGENT/TEST KIT	INSTRUMENT	COMPLEXITY

CLINICAL LABORATORY PRACTITIONER'S CONTINUING EDUCATION DOCUMENTATION

Please submit the required 10 contact hours of continuing education below.

PROGRAM TITLE and BRIEF DESCRIPTION	LOCATION and SPONSOR	TYPE OF TRAINING									INCLUSIVE DATES	TOTAL CONTACT HOURS
		LECTURE	WORKSHOP	TELECONFERENCE	AUDIO CONFERENCE	CORRESPONDENCE	IN-SERVICE	MFG. REPRESENTATIVE	OTHER	TEACHING /PRESENTATION		

VERIFICATION: I certify that all information given on this form is true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of Applicant (sign in ink) ____________________________ **Date** __________________

Signature of Supervisor (sign in ink) ___________________________ **Date** __________________

(Signature verifies the applicant has completed the CE listed above in accordance with the licensure requirements.)

Please mail a $25.00 check made payable to Department of Health and this completed and signed application to the address below:

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