



**CLINICAL LABORATORY PRACTITIONER LICENSURE
INITIAL QUALIFICATION APPRAISAL AND APPLICATION**
West Virginia Department of Health and Human Resources
Office of Laboratory Services
167 11th Avenue
South Charleston, WV 25303

An individual employed as a clinical laboratory practitioner in West Virginia must establish his or her qualifications under the Clinical Laboratory Technician and Scientist Licensure and Certification legislative rule (64 CSR 57). Exceptions are listed under Section 1.6.c. of the rule. The OLS Laboratory Personnel Licensure program must collect the following information in order to determine whether the applicant meets the requirements for licensure. The authority to collect this information is granted in Section 5 of the aforementioned rule. Pursuant to Sections 7a and 7b of the federal Privacy Act (5 U.S.C. §552a), you are not required to submit your Social Security Number (SSN) on this application. Inclusion of your SSN is completely voluntary and optional. If provided, it will be kept confidential and used internally within the licensure program for identification purposes only. OLS will not provide your SSN to any other local, state, or federal agency, or individual, unless subject to federal requirements, or unless express consent to do so is received.

INSTRUCTIONS: ALL FIELDS IN **BOLD TYPE** ARE REQUIRED FOR THE PROCESSING OF YOUR APPLICATION. FAILURE TO INCLUDE ALL REQUIRED INFORMATION WILL RESULT IN THE INABILITY TO PROCESS YOUR REQUEST FOR LICENSURE. PLEASE CONTACT US IF YOU HAVE QUESTIONS ABOUT THE APPLICATION.

**POCT AND TRAINEE APPLICANTS: PLEASE REVIEW THE ADDITIONAL INSTRUCTIONS ON
PAGE 6, SECTION 17 BEFORE COMPLETING THIS APPLICATION**

1. DEMOGRAPHIC INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN/FORMER NAME	
HOME/MAILING ADDRESS		CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)	SSN (optional)	EMAIL ADDRESS	PHONE NUMBER	

2. LABORATORY INFORMATION

Are you affiliated with a laboratory testing facility within WV in which you are currently or will be performing testing? This includes employment (or have received an offer for employment, directly or via staffing agency pending receipt of licensure) but not student clinical rotations. ☐ **Yes*** ☐ **No****

***If yes, please fill out the information below.**

****If no, skip this question and see section 17 for instructions before completing this application.**

LAB/FACILITY NAME	LAB ADDRESS	LAB CITY	LAB STATE	LAB ZIP
LAB CONTACT (SUPERVISOR/MANAGER)		CONTACT PHONE	CONTACT EMAIL	
LAB PHONE	CLIA LAB DIRECTOR (MEDICAL) NAME	CLIA NUMBER	LAB COUNTY	

3. TRAINING PROGRAM/STAFFING AGENCY CONTACT INFORMATION

Are you a student in a laboratory training program or an employee of a staffing agency?

☐ Yes* ☐ No

**If yes, please fill out the chart below.*

PROGRAM/AGENCY NAME	PROGRAM/AGENCY CONTACT PERSON	EMAIL	PHONE
ADDRESS	CITY	STATE	ZIP

4. MAILING INFORMATION

Do you wish to have your licensure renewal forms, cards, and certificates mailed directly to your employer for an additional cost of \$10? Otherwise, all licensure forms, cards, and certificates will be mailed to your home address (exceptions: international applicant licenses are sent directly to the staffing agency or laboratory for no additional charge).

☐ Yes* ☐ No

If yes, please include this fee with your payment.

5. PREVIOUS LICENSURE INFORMATION

Have you ever held a laboratory practitioner OR trainee license in the state of West Virginia?

☐ Yes* ☐ No

**If yes, please complete the following questions. If information not known, write "unknown."*

Previous license number: _____ Expiration date: _____

Previous license category: ☐ Trainee ☐ MLT ☐ MT/MLS ☐ POCT ☐ Other _____

6. RECIPROCITY INFORMATION

Have you previously held, or do you currently hold, a laboratory license in another state?

☐ Yes* ☐ No

**If yes, please complete the following questions.*

State _____ License number _____ Expiration date _____

Has this license been subject to revocation, suspension, limitation, or other form of disciplinary action?

☐ Yes ☐ No

7. TESTING COMPLEXITY

What complexity(ies) of testing do you intend to perform? Select all that apply.

☐ High ☐ Moderate ☐ Waived

8. TYPE OF FACILITY

Select the type of facility from the list below. If not closely related to any option, please describe on the "other" line. Choose 1 only.

☐ Hospital ☐ Physician Office ☐ Public Health
☐ Clinic ☐ County Health Department ☐ Reference Lab
☐ Other: _____

WV LICENSURE CATEGORIES AND ROUTES

CATEGORY	EDUCATION/EXPERIENCE ROUTES	COMPLEXITY	REQUIRED DOCUMENTATION
MEDICAL LABORATORY SCIENTIST (MLS)	A. BS in MT/MLS + national/int'l certification B. Other applicable bachelor of science + 1-year experience/training (chemical, physical, or biological science) C. Passed HEW between 3/1/1986 and 12/31/1987 D. CLIA high complexity testing personnel before 9/1/1997 E. WV MT license before 6/1/2017 and meets requirements under rule	High, moderate	A: Bachelor's degree transcript, national/int'l** certification, job description B: Transcript, job description C: HEW certification, job description D and E: Contact OLS
LABORATORY TECHNICIAN (MLT)	A. AAS in CLT/MLT + national/int'l certification B. Other associate degree + 1-year experience/training C. Qualifying college credits + 1-year of experience/training D. HS equivalent + training program before 4/25/1995 E. CLIA testing personnel before 7/8/1998 F. WV MLT license before 6/1/2017 and meets requirements under rule	High, moderate	A: Associate degree transcript, national/int'l** certification, job description B and C: Transcript, job description D: HS diploma or equivalent, proof of training, job description E and F: Contact OLS
CYTOTECHNOLOGIST (CT)	A. Graduated from CAAHEP or CAHEA accredited program B. National certification	High	A: Transcript, job description B: National certification, job description
POINT OF CARE TECHNICIAN (POCT)	A. HS or equivalent and documentation of training specific to testing performed and reported	Moderate	A: HS diploma, training checklist and log, job description
TRAINEE	A. Enrolled in educational program B. Employed by clinical laboratory	High, moderate *with supervision	A: Program description, current transcript B: College transcript, job description

**** See section 15**

9. REQUESTED LICENSE TYPE

Please check one box for the license category of which you are applying and select one corresponding route for that category from the chart above.

Category	Route	Cost
<input type="checkbox"/> Medical Laboratory Scientist (MLS)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	\$25
<input type="checkbox"/> Medical Laboratory Technician (MLT)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	\$25
<input type="checkbox"/> Cytotechnologist (CT)	<input type="checkbox"/> A <input type="checkbox"/> B	\$25
<input type="checkbox"/> Point of Care Technician (POCT)*	<input type="checkbox"/> A	\$25
<input type="checkbox"/> Trainee*	<input type="checkbox"/> A <input type="checkbox"/> B	\$0

***If applying for a Trainee or POCT license, complete the training checklist on page 7 and method training log on page 8. If applying for any other license, skip pages 7 and 8.**

10. COLLEGES, UNIVERSITIES, OR OTHER SCHOOL(S) ATTENDED

Institution Name, City, and State	Date From	Date To	Major	Degree, Diploma, or Certificate	Date Conferred

11. ACCREDITED CLINICAL LABORATORY TRAINING PROGRAM (IF NOT LISTED ABOVE)

Institution Name, City, and State	Date From	Date To	Program Title	Degree, Diploma, or Certificate	Date Conferred

12. LICENSES, CERTIFICATIONS, OR REGISTRATIONS

Name of Granting Agency	Certification Title	Date Granted	License/Certification/ Registration Number

13. PREVIOUS CLINICAL LABORATORY EXPERIENCE

Place an M for moderate complexity and an H for high complexity in the box(es) corresponding to the experience you had in the applicable testing specialties for each listed facility.

Only document employment in which you received laboratory testing experience. Phlebotomy need not be listed. Job Title, Institution Name, City, and State	Date From	Date To	Microbiology	Serology	Chemistry	Hematology	Cytology	Toxicology	Virology	Immunohematology (BB)	Histocompatibility	Other (note below)

Other: _____

14. VERIFICATION

By signing this application, I certify that all statements made in this form are true, complete, correct to the best of my knowledge and belief, and are made in good faith. I agree to submit the required documentation and certify that I understand my application cannot be processed until it is received.

Signature of Applicant _____ Date _____

15. INTERNATIONAL APPLICANTS

Please include either documentation of ASCPⁱ certification OR a foreign equivalency evaluation and verifiable documentation of experience with your application. Ensure that you provide the contact information for your staffing agency or sponsor because your license will be mailed to that contact.

16. REQUIRED DOCUMENTATION

Please see the Licensure chart on page 3 for the required documents specific to your application. Documents may be returned via the methods listed in section 18.

17. NEW APPLICANTS WITHOUT CURRENT EMPLOYMENT IN WEST VIRGINIA

If you are applying for a license as a TRAINEE or POCT and do not yet have an employer in WV (except trainees in educational programs), please do not complete the application. Email us at DHHROLSCLP@wv.gov for instructions on how to proceed. If you are applying for an MLS, MLT, or CT license, you may complete the application without having current or expected employment in the state.

18. SUBMISSION

a. Mail:

WV Office of Laboratory Services
ATTN: Personnel Licensure
167 11th Avenue
South Charleston, WV 25303

b. Fax: 304-746-0658

c. Email: DHHROLSCLP@wv.gov

d. Please visit our website at <https://dhhr.wv.gov/ols/regulatory/Pages/Licensure.aspx> for more information.

19. PAYMENTS

a. Check or money order via mail; CASH NOT ACCEPTED

b. Online payment at <https://epay.wvsto.com/processespay/default.aspx?GUID=E9343FE5-4550-43E5-A360-7BDF7E14E07D> (PAY ADDITIONAL FEES link at the bottom of the page listed above)

LABORATORY TRAINING AGREEMENT (POCT or TRAINEE APPLICANTS ONLY)

To be completed by the applicant:

☐ I am a student who is completing a rotation in a clinical laboratory, which holds a nonwaived CLIA certificate, and I am submitting documentation of the successful completion of the courses I have completed thus far in the program;

OR

☐ I am employed by a laboratory which holds a nonwaived CLIA certificate, and I am submitting documentation that I hold a minimum of a high school diploma or equivalent, approved by the State Department of Education;

AND

☐ I agree that I will not perform testing until I receive the proper training.

Applicant Printed Name _____ **Signature** _____

Date _____

To be completed by the educational Program Director or facility Laboratory Director/Manager:

I hereby verify that the applicant will receive the appropriate training to provide him/her the following skills with respect to each specific test he/she will perform (list all on page 8), as follow:

- ☐ Specimen collection, including patient preparation when applicable, labeling, handling, preservation, fixation, processing, preparation, transportation, and storage
- ☐ Implementation of all standard laboratory procedures
- ☐ Performance of each test method and proper instrument usage
- ☐ Performance of preventive maintenance, troubleshooting, calibration, and quality control for each test
- ☐ Working knowledge of reagent stability and storage
- ☐ Implementation of quality control policies and procedures of the laboratory
- ☐ Awareness of factors influencing test results
- ☐ Assessment and verification of the validity of test results through evaluation of quality controls samples prior to reporting.

Additionally, I agree to the following provisions:

- ☐ If the individual is to perform additional testing to what was listed in this application, I agree to submit documentation of training related to these additional tests as required by Section 5.5.b of the Rule
- ☐ I attest that a trainee performing high complexity testing will have a minimum of 3 months of training or experience for each specialty in which testing is performed per the CLIA regulations (N/A for POCT)

Name of Laboratory/Educational Program _____

CLIA Number _____ **Certificate Type:** ☐ Compliance ☐ Accreditation ☐ PPMP

Signee Printed Name _____ **Signature** _____

Signee Title _____ **Date** _____

LABORATORY TEST/METHOD TRAINING LOG (POCT OR TRAINEE APPLICANTS ONLY)

Specialty (microbiology, serology, chemistry, hematology, cytology, urinalysis, toxicology, virology, blood bank, histocompatibility, or other [list other])	Test Name	Kit/Method Name	Instrumentation	Complexity
EXAMPLE Hematology	CBC with manual differential	Automated instruments, Microscopy	Beckman Coulter LH500, microscope	<input type="checkbox"/> waived <input type="checkbox"/> moderate <input checked="" type="checkbox"/> high
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