

**APPLICATION FOR RENEWAL OF LICENSE for  
CLINICAL LABORATORY PRACTITIONER  
WV DHHR/ OFFICE OF LABORATORY SERVICES  
ATTN: PERSONNEL LICENSURE  
167 11<sup>TH</sup> AVENUE  
SOUTH CHARLESTON, WV 25303**

Telephone (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 #	
LICENSEE ADDRESS	CITY	STATE	ZIP	LICENSE #	EXPIRATION DATE

**LAB INFORMATION**

LAB NAME	LAB ADDRESS	LAB CITY	LAB STATE	LAB ZIP
CLIA #	COMPLEXITY OF TESTING	LAB DIRECTOR	LAB TELEPHONE	LAB CONTACT
	<input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE <input type="checkbox"/> WAIVED <small style="color: red;">CHECK ALL THAT APPLY</small>			

**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 box that applies)**

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

**ADDITIONAL INFORMATION**

CATEGORY	CERTIFICATION AGENCY	YEARS OF EXPERIENCE

**LIST ANY CHANGES IN TESTING**

TEST	REAGENT/TEST KIT	INSTRUMENT	COMPLEXITY

Please attach documentation of 10 contact hours of continuing education, a \$25.00 check made to WV DHHR State Lab with this signed application and mail to the address above.

**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 \_\_\_\_\_

**2. 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

**3. CLINICAL LABORATORY PRACTITIONER'S CONTINUING EDUCATION DOCUMENTATION**

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 or PRESENTATION			

**4. VERIFICATION:** I certify that all the 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)

**ON-LINE RENEWAL (OPTIONAL):** If you would prefer renew online, go to our website. Click **APPLICATION FOR RENEWAL of LICENSE for CLINICAL LABORATORY PRACTITIONER** and follow the instructions. Please record your continuing education on the on-line form and keep your documentation on file. If you are audited and cannot provide documentation of 10 contact hours of legible, qualified continuing education, you take a chance of your license being revoked. If you are not sure your continuing education qualifies, contact us, we will be glad to assist you. We will check the on-line database and process the applications daily. If you choose to apply on-line, please do not mail this application. A 2.25% user fee will be added to your credit card with the \$25.00 licensure fee and any other charges due.