



## CLINICAL LABORATORY PRACTITIONER LICENSURE AND CERTIFICATION INITIAL APPLICATION - **POINT OF CARE TECHNICIAN**

**PLEASE DO NOT RETURN THIS PAGE**

### **INSTRUCTIONS**

Complete this application in its entirety. Failure to complete this application, including providing the required documents from the chart on page 3, will result in the inability to process your request for licensure. Please contact us if you have questions about the application.

### **REQUIRED DOCUMENTATION**

Please include the following documentation with your initial license application. Failure to comply will prevent your application from being processed.

- ★ Page 3: must be completed by both you and your supervisor/laboratory manager
- ★ Page 4: must be completed by your supervisor/laboratory manager
- ★ Education documents: must include a copy of your high school diploma/transcript or college degree/transcript. **We cannot accept another professional license as evidence of education per the federal Clinical Laboratory Improvement Amendments (CLIA) regulations at 42 CFR 493. We also cannot accept a certificate of completion (for example, phlebotomy training).**

### **INTERNATIONAL APPLICANTS**

If your relevant education was received outside of the US, you must provide a foreign equivalency evaluation from a credentialing agency. The route requirements relating to certification and experience are the same for foreign and domestic education; if you need to verify prior work experience gained outside of the US, we will provide further instructions. If you currently reside outside of the US, ensure that you provide the contact information for your staffing agency or sponsor, as the license documents will be mailed directly to that entity.

### **SUBMISSION**

This document is a fillable PDF. It may be completed electronically, e-signed\*, saved, and returned via email. If it is being printed for manual filling, it can be returned via one of the following options:

- a. Mail:  
WV Office of Laboratory Services  
ATTN: Personnel Licensure  
167 11<sup>th</sup> Avenue  
South Charleston, WV 25303  
**\*e-signatures must be official and traceable;  
if e-signing is not possible, form must be physically signed**
- b. Fax: 304-746-0658
- c. Email: [DHOLSCLP@wv.gov](mailto:DHOLSCLP@wv.gov)

### **PAYMENTS**

- a. Check or money order via mail **payable to WV Department of Health; CASH NOT ACCEPTED**
- b. Online payment at [Lab Serv - Misc Fees & Penalties](#) (select New Applicant Annual Fee)
- c. **LICENSURE FEES ARE NONREFUNDABLE**

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**LICENSURE CATEGORIES AND ROUTES**

<b>CATEGORY</b>	<b>EDUCATION/EXPERIENCE ROUTES</b>	<b>COMPLEXITY</b>	<b>DOCUMENTATION</b>
<b>PATHOLOGIST ASSISTANT (PA)</b>	<b>A.</b> Degree in Pathologist Assistant studies from NAACLS accredited program + national certification	High, moderate	<b>A.</b> Degree/transcript, certification
<b>MEDICAL LABORATORY SCIENTIST (MLS)</b>	<b>A.</b> BS in MT/MLS + MLS/equivalent certification <sup>†</sup> <b>B.</b> Previous MLT certification + bachelor's degree + MLS/equivalent certification <b>C.</b> Other applicable BS + 1-year experience/training (chemical or biological science)	High, moderate	<b>A.</b> Degree/transcript, certification <b>B.</b> Degree/transcript, certification <b>C.</b> Degree/transcript, experience verification
<b>LABORATORY TECHNICIAN (MLT)</b>	<b>A.</b> AAS in CLT/MLT + MLT certification <sup>†</sup> <b>B.</b> Other associate of science degree + 1-year experience/training <b>C.</b> Qualifying college credits + 1-year of experience/training	High, moderate	<b>A.</b> Degree/transcript, certification <b>B.</b> Degree/transcript, experience verification <b>C.</b> Transcript, experience verification
<b>CYTOTECHNOLOGIST (CT)</b>	<b>A.</b> Graduated from CAAHEP or CAHEA accredited program <b>B.</b> National certification in cytotechnology	High, moderate	<b>A.</b> Degree/transcript <b>B.</b> Certification
<b>HISTOLOGIST (H)</b>	<b>A.</b> Meets CLIA requirements (see MLT qualifications) + national certification as histotechnologist or histotechnician <b>B.</b> Meets CLIA requirements + 1 year of training/experience in grossing	High, moderate*	<b>A.</b> Degree/transcript, certification <b>B.</b> Degree/transcript, experience verification
<b>POINT OF CARE TECHNICIAN (POCT)</b>	<b>A.</b> HS or equivalent + documentation of training specific to testing performed and reported	Moderate	<b>A.</b> HS diploma or college degree/transcript, training agreement, training log
<b>TRAINEE (T)</b>	<b>A.</b> Enrolled in educational program <b>B.</b> Employed by clinical laboratory	High, moderate <sup>#</sup>	<b>A.</b> Program description, transcript <b>B.</b> Transcript, training agreement, training log

\* With direct supervision by a pathologist or pathologist assistant.

† Applicants with international education must also include a foreign equivalency degree evaluation.

# With direct supervision.

## CLINICAL LABORATORY PRACTITIONER LICENSURE AND CERTIFICATION INITIAL APPLICATION - **POINT OF CARE TECHNICIAN**

An individual employed as a clinical laboratory practitioner in West Virginia must establish his or her qualifications under the Clinical Laboratory Personnel Licensure and Certification legislative rule (64 CSR 57). Exceptions are listed under Section 1.6.c. of the rule. The 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.

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#### 1. DEMOGRAPHIC INFORMATION

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

#### 2. LABORATORY INFORMATION

SUPERVISOR/MANAGER NAME	EMAIL ADDRESS		FACILITY NAME
ADDRESS	CITY	ZIP	CLIA ID

**LABORATORY PHONE** \_\_\_\_\_

#### 3. TRAINING PROGRAM/STAFFING AGENCY CONTACT INFORMATION *If not applicable, check here:*

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

#### 4. MAILING INFORMATION

If you wish to have your licensure renewal forms, cards, and certificates mailed directly to your employer for an additional cost of \$10, check here . [Otherwise, license documents will be mailed to you]

**5. PREVIOUS WV LABORATORY LICENSE INFORMATION**

*If not applicable, check here:*

If you have a current or previous laboratory license in West Virginia, complete this section.

Previous license number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Category:  POCT  Other

**6. TYPE OF FACILITY**

Select one type of facility from the list below that best matches the description of the laboratory. If not closely related to any option, please describe on the "other" line.

- Hospital  Physician Office  Public Health  
 Clinic  County Health Department  Reference Lab  
 Other: \_\_\_\_\_

**7. EDUCATION (MUST PROVIDE A COPY OF YOUR DEGREE OR TRANSCRIPTS)**

Institution Name City and State	Date From	Date To	Major	Completion Status	Date Conferred or Completed
_____ _____	_____ MM _____	_____ MM _____	<input type="checkbox"/> High school or equivalent <input type="checkbox"/> College: Enter Concentration _____	<input type="checkbox"/> Completed <input type="checkbox"/> Did not complete	_____ MM _____
_____ _____	_____ MM _____	_____ MM _____	<input type="checkbox"/> High school or equivalent <input type="checkbox"/> College: Enter Concentration _____	<input type="checkbox"/> Completed <input type="checkbox"/> Did not complete	_____ MM _____

**8. 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 \_\_\_\_\_

**LABORATORY TRAINING AGREEMENT (POCT 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 facility's 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)

**Laboratory Name** \_\_\_\_\_ **CLIA Number** \_\_\_\_\_

**Signee Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_ Laboratory \_\_\_\_\_

LABORATORY TEST/METHOD TRAINING LOG				
Specialty*	Test Name**	Kit/Method Name	Instrumentation	Complexity
EXAMPLES				
Urinalysis	Urine Dipstick	Urine Dipstick	Bayer Clinitek	<input checked="" type="checkbox"/> waived <input type="checkbox"/> moderate
Chemistry	General automated chemistry	General automated chemistry	Siemens Vista 1500	<input type="checkbox"/> waived <input checked="" type="checkbox"/> moderate
				<input type="checkbox"/> waived <input type="checkbox"/> moderate
				<input type="checkbox"/> waived <input type="checkbox"/> moderate
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\* Specialties include microbiology, serology, chemistry, hematology, cytology, urinalysis, toxicology, virology, blood bank, histocompatibility, or other [list other]

\*\* Please document general automated chemistry (moderate complexity) training as shown in the example. It is not necessary or advisable to list each individual assay.

*If more space is needed, please use multiple copies of the form.*