CLINICAL LABORATORY PRACTITIONER LICENSURE AND CERTIFICATION
INITIAL APPLICATION - MLT, MLS, CT, H, and PA only

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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 see the Licensure chart on page 2 for the required documents specific to your application. Documents may be returned via the methods listed in the "submission" section below.

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 11th Avenue
   South Charleston, WV 25303
b. Fax: 304-746-0658
c. Email: DHOLSCLP@wv.gov

***e-signatures must be official and traceable;**
if e-signing is not possible, form must be physically signed

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

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

West Virginia Department of HEALTH

Office of Laboratory Services: Personnel Licensure
167 11th Avenue, South Charleston, WV 25303
Phone 304.205.8914, Fax 304.746.0658, DHOLSCLP@wv.gov

CLINICAL LABORATORY PRACTITIONER LICENSURE AND CERTIFICATION INITIAL APPLICATION - MLT, MLS, CT, H, and PA only

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

If you are affiliated with a laboratory testing facility within WV in which you are currently or will be performing testing, complete this section (includes employment or an offer for employment, but not student clinical rotations). If not applicable, check here: ☐

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

3. STAFFING AGENCY CONTACT INFORMATION

If you are an employee of a staffing agency, complete this section. If not applicable, check here: ☐

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

4. MAILING INFORMATION

All licensure documents will be mailed to your home address.* **If you wish to have your licensure renewal forms and documents mailed directly to your employer for an additional cost of $10, check here ☐.**

* International applicant licenses are sent directly to the staffing agency or laboratory at no additional charge

5. PREVIOUS LICENSURE INFORMATION

If you are currently licensed or previously held a laboratory license in West Virginia, complete this section.
If not applicable, check here: ☐ (*If information is not known, write "unknown")*

Previous license number: _____ Expiration date: _____
Category: ☐ Trainee ☐ MLT ☐ MT/MLS ☐ POCT ☐ Other _____

6. TYPE OF FACILITY

Select <u>one</u> 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. REQUESTED LICENSE TYPE

Please check <u>one</u> box for the license category and select the single corresponding route for that category by which you qualify. See the licensing category chart on the next page to find the applicable route.

	Category	Route	Cost
☐	Pathologist Assistant (PA)	☐ A	$25
☐	Medical Laboratory Scientist (MLS)	☐ A ☐ B ☐ C	$25
☐	Medical Laboratory Technician (MLT)	☐ A ☐ B ☐ C	$25
☐	Cytotechnologist (CT)	☐ A ☐ B	$25
☐	Histologist (H)	☐ A ☐ B	$25

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

Institution Name City and State	Date From	Date To	Major/Concentration	Degree/Diploma	Date Conferred
_____ _____	____ MM ____ YYYY	____ MM ____ YYYY			____ MM ____ YYYY
_____ _____	____ MM ____ YYYY	____ MM ____ YYYY			____ MM ____ YYYY
_____ _____	____ MM ____ YYYY	____ MM ____ YYYY			____ MM ____ YYYY

9. ACCREDITED CLINICAL LABORATORY TRAINING PROGRAM NOT LISTED ABOVE
(military programs, on-the-job training, certificate programs, etc.)

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

10. LABORATORY CERTIFICATIONS (MUST PROVIDE A DOCUMENTATION OF YOUR CERTIFICATION)

Granting Agency	Certification Title	Date Granted	Certification Number
☐ ASCP ☐ AMT ☐ AAB ☐ other _____	☐ MLT ☐ MLS ☐ CT ☐ HT ☐ HTL ☐ PA ☐ other _____	____ _____ MM YYYY	
☐ ASCP ☐ AMT ☐ AAB ☐ other _____	☐ MLT ☐ MLS ☐ CT ☐ HT ☐ HTL ☐ PA ☐ other _____	____ _____ MM YYYY	
☐ ASCP ☐ AMT ☐ AAB ☐ other _____	☐ MLT ☐ MLS ☐ CT ☐ HT ☐ HTL ☐ PA ☐ other _____	____ _____ MM YYYY	

11. PREVIOUS CLINICAL LABORATORY EXPERIENCE (continued on next page)
Place an **X** in the box(es) corresponding to the experience in each testing specialty for each listed facility.

	Job Title	Facility Name	City	State	Start Date (month, year)	End Date (month, year)
1					____ /_____	____ /_____
	Test Specialties	☐ Microbiology ☐ Serology ☐ Chemistry ☐ Hematology ☐ Cytology ☐ Urinalysis ☐ Toxicology ☐ Virology ☐ Immunohematology ☐ Histocompatibility ☐ other (list below)				
2	**Job Title**	**Facility Name**	**City**	**State**	**Start Date (month, year)**	**End Date (month, year)**
					____ /_____	____ /_____
	Test Specialties	☐ Microbiology ☐ Serology ☐ Chemistry ☐ Hematology ☐ Cytology ☐ Urinalysis ☐ Toxicology ☐ Virology ☐ Immunohematology ☐ Histocompatibility ☐ other (list below)				

	Job Title	Facility Name	City	State	Start Date (month, year)	End Date (month, year)
3					____ /_____	____ /_____
	Test Specialties	☐ Microbiology ☐ Serology ☐ Chemistry ☐ Hematology ☐ Cytology ☐ Urinalysis ☐ Toxicology ☐ Virology ☐ Immunohematology ☐ Histocompatibility ☐ other (list below)				
4	**Job Title**	**Facility Name**	**City**	**State**	**Start Date (month, year)**	**End Date (month, year)**
					____ /_____	____ /_____
	Test Specialties	☐ Microbiology ☐ Serology ☐ Chemistry ☐ Hematology ☐ Cytology ☐ Urinalysis ☐ Toxicology ☐ Virology ☐ Immunohematology ☐ Histocompatibility ☐ other (list below)				
5	**Job Title**	**Facility Name**	**City**	**State**	**Start Date (month, year)**	**End Date (month, year)**
					____ /_____	____ /_____
	Test Specialties	☐ Microbiology ☐ Serology ☐ Chemistry ☐ Hematology ☐ Cytology ☐ Urinalysis ☐ Toxicology ☐ Virology ☐ Immunohematology ☐ Histocompatibility ☐ other (list below)				

Other: _____

_____

12. 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.

Applicant Signature _____ Date _____