



## 2012 Application for Licensure Renewal

### North Dakota Board of Clinical Laboratory Practice

Date Received \_\_\_\_\_

Amount \_\_\_\_\_

Late Fee \_\_\_\_\_

Check # \_\_\_\_\_

**LATE FEE OF \$50.00 IF RENEWAL APPLICATION AND FEE ARE NOT RECEIVED BY THE BOARD OFFICE ON OR BEFORE JULY 1, 2012!**

#### Personal Data

License No. \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI Maiden/FormerAddress \_\_\_\_\_  
City State Zip County

Home Telephone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_

Work Address \_\_\_\_\_  
City State Zip County

#### Licensure Level & Fee

Category Applied For (check one)

\_\_\_ CLS/MT (\$80)

\_\_\_ Specialist (\$80)

\_\_\_ CLT/MLT (\$60)

\_\_\_\_\_  
(List area of specialty)

#### Questions

Have you ever been convicted or plead guilty to an offense? \_\_\_ Yes \_\_\_ No

Have you ever had or is there any action pending on a Clinical Laboratory Practice or related license in this or any other jurisdiction

Denied? \_\_\_ Yes \_\_\_ No Voluntary Surrendered? \_\_\_ Yes \_\_\_ No

Suspended? \_\_\_ Yes \_\_\_ No Placed on Probation? \_\_\_ Yes \_\_\_ No

Revoked? \_\_\_ Yes \_\_\_ No Other \_\_\_\_\_

**ATTACH AN EXPLANATION IF YOU ANSWERED YES TO ANY QUESTION IN THIS SECTION.**  
(If you have previously submitted an explanation to the Board, please make note above and you do not have to resubmit.)

#### Supervision of Unlicensed Personnel

Are you currently supervising unlicensed personnel performing exempted tests? \_\_\_ Yes \_\_\_ No

If you marked 'yes', you must complete and submit the Supervision of Unlicensed Personnel Performing Exempted Tests form. You can find the form at [www.ndclinlab.com](http://www.ndclinlab.com) or contact the NDBCLP Office and one will be emailed or sent to you.

# OVER

### **Applicant Oath**

I, the undersigned, affirm that the information, statements, facts, and representations given above are true and correct, being aware that any misrepresentations or falsifications constitute grounds for rejection of an application or revocation of a license under Section 43-26-01 of the North Dakota Century Code, as well as a violation of Section 43-48-04.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Seal

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Expiration Date

### **Completed Application Checklist**

- \_\_\_ Have you completed each section?
- \_\_\_ Is the application signed and notarized?
- \_\_\_ Have you enclosed a check or money order for the correct amount?
- \_\_\_ Has Continuing Education Verification Record been attached?
- \_\_\_ Have copies of continuing education completion certificates been attached?
- \_\_\_ Has the Supervision of Unlicensed Personnel Performing Exempted Tests Form been attached? (Submit ONLY if you are currently supervising.)

**Form, Fee, Continuing Education Verification Record, and signed certificates of completion for each continuing education program must be received by the Board office on or before July 1, 2012. Mail to:**

ND Board of Clinical Laboratory Practice  
PO Box 4103  
Bismarck, ND 58502-4103

Email: [ndbclp@aptnd.com](mailto:ndbclp@aptnd.com)  
Web Site: [www.ndclinlab.com](http://www.ndclinlab.com)  
Call: 701-530-0199

**QUESTIONS? All license information, continuing education forms and guidelines can be found at [www.ndclinlab.com](http://www.ndclinlab.com)**