

MONTANA BOARD OF CLINICAL LABORATORY SCIENCE PRACTITIONERS

PO BOX 200513

301 SOUTH PARK, 4th FLOOR

HELENA, MONTANA 59620-0513

(406) 444-5711 FAX (406) 841-2305

EMAIL: dlibsdcsls@mt.gov WEBSITE: www.cls.mt.gov

**CLINICAL LABORATORY SCIENCE PRACTITIONERS
- EXAMINATION APPLICANTS -
TEMPORARY LICENSE APPLICATION**

To be completed by the examination applicant:

I, _____, **(applicant)**, hereby apply for a temporary license to practice clinical laboratory science in the State of Montana. I understand that a temporary practice permit expires after 120 days from the day of issuance. An applicant who fails the exam must notify the board office immediately. Failure of the examination automatically voids the temporary practice permit. Only one temporary license will be issued per applicant. This form must also be signed by the licensed clinical laboratory scientist or specialist responsible for providing direct on-site supervision, pursuant to **ARM 24.129.612**.

Signature of Applicant

Date

Signature of Supervisor

Date

Please Print Supervisor Name

Supervisor License Number

Agency/Organization