

MONTANA BOARD OF CLINICAL LABORATORY SCIENCE PRACTITIONERS  
301 SOUTH PARK, 4th FLOOR  
PO BOX 200513  
HELENA MONTANA 59620-0513  
PHONE: (406) 841-2202 FAX: (406) 841-2305  
EMAIL: [dlibsdcls@mt.gov](mailto:dlibsdcls@mt.gov)  
WEBSITE: [www.cls.mt.gov](http://www.cls.mt.gov)

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED  
(Please allow five days for processing from the date that the Board has a complete routine application)

**CLINICAL LABORATORY PERSONNEL ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE**

**LICENSE REQUIREMENTS**

- ◆ A CLINICAL LABORATORY SCIENTIST
  - Graduated from an accredited college or university with a baccalaureate degree with at least 36 semester or 54 quarter hours in physical and biological sciences;
  - Passed generalists' examination offered by a national certifying body for clinical laboratory scientists. (Listing on page 9).
  
- ◆ B CLINICAL LABORATORY SPECIALIST
  - Graduated from an accredited college or university with a baccalaureate degree with at least 36 semester or 54 quarter hours in physical and biological sciences;
  - Passed a specialist examination offered by a national certifying body for clinical laboratory specialists. The following areas of clinical laboratory science for which the board will grant a specialist's license:
    - ✓ clinical chemistry;
    - ✓ hematology;
    - ✓ microbiology;
    - ✓ cytology;
    - ✓ immunohematology;
    - ✓ cytogenetics, and
    - ✓ molecular biology
  
- ◆ C CLINICAL LABORATORY TECHNICIAN
  - Graduated with an associate degree or possess 60 semester or 90 quarter hours in a science-related discipline, or completed a military medical laboratory training program of at least 12 months in duration.
  - Passed a technician examination offered by a national certifying body for clinical laboratory scientists.

**FEES All fees are non-refundable.**

**\$100 - Application Fee**

**\$ 25 - Temporary Practice Permit Fee (for exam candidates only)**

\*\*Make check or money order payable to the Montana Board of Clinical Laboratory Science Practitioners or CLSP\*\*

## **DOCUMENTS**

The following documents must be submitted to the Board office in order to complete your license application.

- Official Transcripts (sent directly to the Board office from the college or university).
- Verification of Certifying Exam Certificate. (Must come directly from certifying entity.)
- Application fee. Make check or money order payable to the Board of Clinical Laboratory Science Practitioners. Do not send cash.
- If currently or previously licensed in another state or jurisdiction, a License Verification or History must be submitted. (Must come directly from licensing jurisdiction.)

**Temporary Permit:** Recent graduates who are approved to take the first available national examination may obtain a temporary practice permit. The temporary permit expires 45 days after the date of first opportunity for examination or until notification by the examination service that the person either fails or passes the examination. Applicants for a temporary permit shall submit a fully completed application for the permit, along with the following:

- Temporary permit fee. Make check or money order payable to the Board of Clinical Laboratory Science Practitioners. Do not send cash.
- Full application and application fee.
- Date of the next available national examination.

## **LICENSURE OF OUT-OF-STATE APPLICANTS - ENDORSEMENT**

**Qualifications for Licensure:** Applicants for licensure must:

- Be licensed in another state whose license standards at the time of application to this state are substantially equivalent to or greater than the standards in this state.
- The license may not be issued until the board receives verification from the state or states in which the person is licensed that the person is currently licensed and is not subject to pending charges or final disciplinary action for unprofessional conduct or impairment.

**Application Procedures:** A fully completed, signed application for licensure, shall be submitted with the following documents:

- Official transcripts from colleges, universities and/or military programs.
- Verification of Certifying Exam Certificate. (Must come directly from certifying entity).
- License Verification from state(s) where currently licensed and from any other state(s) where applicant has previously held a license.

## **FOREIGN GRADUATES**

**NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.** Please note that an application from a foreign graduate is considered a non-routine application, and may take longer to process.

- Official transcripts from colleges, universities or certified equivalency statement from a academic evaluation entity.
- Application fee in U.S. funds only.
- Verification of Certifying Exam Certificate. (Must come directly from the certifying entity).
- United States Social Security Number.

## **APPLICATION PROCEDURES**

- ◆ When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant will be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.
- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action by another board. This is essential for timely processing of applications and subsequent licensure.

## **PROCESSING PROCEDURES**

- ◆ Once a routine application is complete, the application takes up to 5 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a permanent license will be issued.

**For information with regard to the processing of this application or other concerns please contact the Board of Clinical Laboratory Science Practitioner's staff at (406) 841-2395 or (406) 841-2369 or email us at [dlibsdccls@mt.gov](mailto:dlibsdccls@mt.gov)**

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF CLINICAL LABORATORY SCIENCE PRACTITIONERS ON OUR WEB SITE AT <http://cls.mt.gov>



10. List all professional licenses you hold or ever have held. Verification must be sent directly to Montana from each state/province/territory.

| State | License Type | Issue Date | Expiration Date | Requested State Verification                             |
|-------|--------------|------------|-----------------|--|
|       |              |            |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|       |              |            |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|       |              |            |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|       |              |            |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.  YES  NO

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  YES  NO

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.  YES  NO

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  YES  NO

Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.  YES  NO

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document (s) and documentation of final disposition.  YES  NO

Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18<sup>th</sup> birthday unless you were tried as an adult.  YES  NO

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.  YES  NO

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.  YES  NO

Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.  YES  NO

Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source.  YES  NO

Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.  YES  NO

Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.  YES  NO

Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.  YES  NO

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source.  YES  NO

Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source.  YES  NO

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source.  YES  NO

Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.  YES  NO

**29. PROFESSIONAL EDUCATION**

| Name of University or College | City & State/Province/Territory | Dates Attended | Degree or Certificate Earned |
|-------------------------------|---------------------------------|----------------|------------------------------|
|                               |                                 |                |                              |
|                               |                                 |                |                              |
|                               |                                 |                |                              |
|                               |                                 |                |                              |

**DECLARATION**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Clinical Laboratory Science Practitioners.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure laws and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

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

\_\_\_\_\_  
Date

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 WEBSITE: [www.cls.mt.gov](http://www.cls.mt.gov)

**REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE**  
 (THIS IS NOT AN ENDORSEMENT CERTIFICATION)

**APPLICANT:** Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold, or ever have held a license.

COMPLETE THE FORM AND MAIL IT TO ANY STATE BOARD IN WHICH YOU ARE REQUESTING OFFICIAL LICENSE VERIFICATION BE SENT TO THE MONTANA BOARD. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. BE ADVISED THAT SOME BOARDS REQUIRE A FEE FOR THIS SERVICE. IT IS RECOMMENDED YOU CONTACT THE BOARDS BY PHONE PRIOR TO MAILING IN THIS FORM TO SEE IF YOU NEED TO INCLUDE PAYMENT.

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**LICENSEE INFORMATION**

To Whom It May Concern:

I am applying for a license to practice Clinical Laboratory Science in the State of Montana and the Board of Clinical Laboratory Science Practitioners requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

**Montana Board of Clinical Laboratory Science Practitioners**  
**PO Box 200513**  
**Helena, MT 59620-0513**

Your prompt response is appreciated.

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_

Street or PO Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My License Number from your State is: \_\_\_\_\_ License Type: \_\_\_\_\_  
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**NATIONAL EXAMINATION CERTIFICATION AGENCIES**

- AAB AMERICAN ASSOCIATION OF BIOANALYSTS**  
906 Olive Street - Suite 1200 Phone: (314) 241-1445  
St. Louis, MO 63101-1434 Fax: (314) 241-1449  
Website: [www.aab.org](http://www.aab.org) Email: [aab@aab.org](mailto:aab@aab.org)
- AACC AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY**  
1850 K Street, NW Suite 625  
Washington, DC 20006  
Website: [www.aacc.org](http://www.aacc.org) Email: [custserv@aacc.org](mailto:custserv@aacc.org)
- AMBG AMERICAN BOARD OF MEDICAL GENETICS**  
9650 Rockville Pike Phone: (301) 634-7316  
Bethesda, MD 20814-3998 Fax: (301) 634-7320  
Website: [www.abmg.org](http://www.abmg.org) Email: [abmg@abmg.org](mailto:abmg@abmg.org)
- AMT AMERICAN MEDICAL TECHNOLOGISTS**  
10700 West Higgins Road Phone: (800) 275-1268  
Rosemont, IL 60018 Fax: (847) 823-0458  
Website: [www.amt1.com](http://www.amt1.com) Email: [mail@amt1.com](mailto:mail@amt1.com)
- ASM AMERICAN SOCIETY FOR MICROBIOLOGY**  
1752 N Street, N.W. Phone: (202) 737-3600  
Washington DC 20036-2904  
Website: [www.asm.org](http://www.asm.org)
- ASCP AMERICAN SOCIETY FOR CLINICAL PATHOLOGY**  
33 West Monroe, Suite 1600 Phone: (312) 541-4999  
Chicago, IL 60603 Fax: (312) 541-4998  
Website: [www.ascp.org](http://www.ascp.org) Email: [info@ascp.org](mailto:info@ascp.org)
- NCA NATIONAL CREDENTIALING AGENCY**  
PO Box 15945-289 Phone: (913) 895-4613  
Lenexa, KS 66285 Fax: (913) 895-4652  
Website: [www.nca-info.org](http://www.nca-info.org) Email: [nca-info@goamp.com](mailto:nca-info@goamp.com)