

MONTANA BOARD OF CLINICAL LABORATORY SCIENCE PRACTITIONERS
301 SOUTH PARK, 4th FLOOR
PO BOX 200513
HELENA, MONTANA 59620-0513
PHONE: (406) 444-6880
EMAIL: dlibsdcis@mt.gov WEBSITE: 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

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).

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

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 in writing 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.

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) 444-6880 or email us at 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 www.cls.mt.gov

THE APPLICATION FOLLOWS

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Application for Licensure as:

Scientist Technician Specialist (Specify Specialty): _____

Endorsement (Out-of-state licensed applicants) Licensure by Examination

Temporary Permit (Pending Results of National Exam)

Exam Date: _____ Exam Location: _____

Allow 5 days from the date the Board has a complete routine application file for licensure.

1. FULL NAME: _____

2. OTHER NAME(S) KNOWN BY: _____

3. ORGANIZATION NAME: _____

4. ORGANIZATION ADDRESS: _____
Street or PO Box # City and State Zip

5. HOME ADDRESS: _____

PREFERRED METHOD OF CONTACT (Choose one): Organization Home

EMAIL ADDRESS: _____

6. TELEPHONE: BUSINESS _____ HOME _____ FAX _____

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ MALE FEMALE

9. Which certifying agency's exam did you take for certification?

ASCP AMT AAB AACC ASM OTHER (Please specify): _____

Check the level of the examination: Generalist Specialist Technician

Certifying Agency: _____

Certificate Number: _____

Date Issued: _____

Expiration Date: _____

10. PROFESSIONAL EDUCATION

Name of College or University	City & State, Province or Territory	Dates Attended	Degree or Certificate Earned

11. 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 Verification	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

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|--|-----|----|
| 12. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 13. Have you ever surrendered a credential like those listed in number 12, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 14. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |

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|---|-----|----|
| 15. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 16. Have you ever withdrawn an application for any professional license? | Yes | No |
| 17. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 18. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

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|---|-----|----|
| 19. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 20. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 21 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

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|--|-----|----|
| 21. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 22. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 23. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 24. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |
| 25. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |
| 26. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 27. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? | Yes | No |

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|---|-----|----|
| 28. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? | Yes | No |
| 29. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? | Yes | No |

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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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.

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 Fax: (314) 241-1449
Website: www.aab.org Email: aab@aab.org
- AACC AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY**
900 7th Street NW, Suite 400 Phone: (202) 857-0717
Washington, DC 20001 Phone: (800) 892-1400
Website: www.aacc.org Email: custserv@aacc.org
- AMBG AMERICAN BOARD OF MEDICAL GENETICS**
6120 Executive Blvd, Suite 525 Phone: (301) 634-7315
Rockville, MD 20852 Email: abmg@abmg.org
Website: www.abmg.org
- AMT AMERICAN MEDICAL TECHNOLOGISTS**
10700 West Higgins Road, Suite 150 Phone: (847) 823-5169
Rosemont, IL 60018 Email: mail@americanmedtech.org
Website: www.americanmedtech.org
- ASM AMERICAN SOCIETY FOR MICROBIOLOGY**
1752 N Street, N.W. Phone: (202) 737-3600
Washington DC 20036 Email: service@asmusa.org
Website: www.asm.org
- ASCP AMERICAN SOCIETY FOR CLINICAL PATHOLOGY**
33 West Monroe, Suite 1600 Phone: (312) 541-4848
Chicago, IL 60603 Phone: (800) 267-2727
Website: www.ascp.org Email: info@ascp.org
- NCA NATIONAL CREDENTIALING AGENCY (Merged with ASCP)**