



# TECHNOLOGIST

Division of Public and Behavioral Health

727 Fairview Drive, Suite E

Carson City, Nevada 89701

Phone: (775) 684-1030 Fax: (775) 684-1075

Website: <http://dphh.nv.gov/Reg/RegulatoryPgms/>

**THIS BOX FOR OFFICIAL USE ONLY**

- BLOOD GAS TECHNOLOGIST
- CLINICAL LABORATORY TECHNOLOGIST
- CYTOTECHNOLOGIST
- HISTOTECHNOLOGIST
- SPECIALTY TECHNOLOGIST

## APPLICATION & CHECKLIST

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**COMPLETE THIS FORM.** PLEASE FILL IN THIS FORM ELECTRONICALLY, PRINT, SIGN, DATE AND SUBMIT. Check **one** of the boxes above to indicate the type of technologist you are applying for. *(If unable to complete electronically type or print in black or blue ink and submit)*

**INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF YOUR CERTIFICATE**

**INDICATE APPLICATION TYPE.** *(Check only one):*

**Initial Certificate**

**Reactivation of Certificate**

**Provisional Certificate** (check this box if you have not passed the required national certification exam but you have been accepted to take the exam and you meet the other requirements in this application) \*not available to blood gas technologist\*

PERSONAL INFORMATION
Name
Maiden/Previous Name (if applicable)
Social Security Number (REQUIRED)
Date of Birth
Email Address
Mailing Address (MUST BE HOME ADDRESS or PO BOX)
City, State
Zip Code
Phone Number

LABORATORY INFORMATION
Employer/Laboratory Name
Nevada Lab License Number
Laboratory Street Address
City
State
Zip Code
Laboratory Phone Number
Laboratory Fax Number

### SECTIONS TO BE COMPLETED FOR ALL APPLICATION TYPES

(Regulations governing medical laboratories and laboratory personnel may be found at: <http://leg.state.nv.us/NAC/NAC-652.html>)

**Application Attestations** (*Check if applicable*)

If you do not provide a method of electronic communication, such as an e-mail address or any other method by which to communicate with you other than by telephone or U.S. mail, you must check this box attesting that this is not feasible and acknowledging that the U.S. mail is the only means which to communicate with you.

**Child Support Information:** (*Must check one box*)

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with the order or with a plan approved by the district attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.

I am subject to a court order for the support of one or more children and I am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order. You are required to contact the district attorney or other public agency enforcing the order to determine the actions that you may take to satisfy the arrearage.

❖ Your application **will be denied** if you do not complete this section.

**Certified as a Technologist** (*Indicate Yes or No*)

Do you currently hold a Nevada certificate as a Technologist (of any kind)?  Yes  No

If yes, provide your certification number here: \_\_\_\_\_

**INITIAL OR PROVISIONAL CLINICAL LABORATORY TECHNOLOGIST APPLICANTS MUST COMPLETE THIS SECTION**

**YOU MUST CHOOSE ONE OF THE FOLLOWING OPTIONS:**

**Option 1: I HAVE SUBMITTED WITH MY APPLICATION: (MUST check both boxes)**

Sealed transcripts sent from an accredited college/university showing you were awarded a bachelor's degree in medical technology.

A copy of my test results showing I have passed a national examination for certification as a clinical laboratory technologist **OR** If you are applying for a **provisional certificate**, you have included a copy of the notice from any national examination agency showing you have been accepted as a candidate to take the required exam for certification as a clinical laboratory technologist.

**Option 2: I HAVE SUBMITTED WITH MY APPLICATION: (MUST check all three boxes)**

Sealed transcripts sent from an accredited college/university showing I have been awarded a bachelor's degree in one of the chemical, physical or biological sciences at an accredited college or university; **AND**

A signed, dated letter on laboratory letterhead showing you have at least 1 year of additional full-time experience or training in the specialty or subspecialty in performing tests; **AND**

A copy of my test results showing I have passed a national examination for certification as a clinical laboratory technologist **OR** if you are applying for a **provisional certificate**, you have included a copy of the notice from any national examination agency showing I have been accepted as a candidate to take the required exam for certification as a clinical laboratory technologist.

**Option 3: I HAVE SUBMITTED WITH MY APPLICATION: (MUST check box)**

A copy of my test results showing I have passed the examination for clinical laboratory technologists given by the United States Department of Health and Human Services (USDHHS) (also known as the: **HEW EXAM**)

**INITIAL OR PROVISIONAL SPECIALTY TECHNOLOGIST APPLICANTS MUST COMPLETE THIS SECTION**

**Indicate specialty for which you are applying:**

- CHEMISTRY    CHEMISTRY/TOXICOLOGY    MICROBIOLOGY    HEMATOLOGY    IMMUNOLOGY  
 IMMUNOHEMATOLOGY    HISTOLOGY    CYTOLOGY    BIOTECHNOLOGIST    NUCLEAR MEDICINE  
 HISTOCOMPATIBILITY

❖ IF APPLYING FOR MORE THAN ONE SPECIALTY **YOU MUST INCLUDE** THE REQUIRED DOCUMENTATION FOR **EACH SPECIALTY** FOR WHICH YOU ARE APPLYING

**You must submit both of the following with your application (Check both boxes)**

- Sealed transcripts sent from your college/university showing you graduated with a Bachelor's of Science degree with a major in a chemical, physical or biological science; **AND**  
 A signed and dated letter on letterhead from the laboratory in which you worked indicating you have 1 year of experience working in a licensed laboratory, or a laboratory of a hospital, health department or university, in your chosen specialty under the supervision of a director who possesses a doctoral degree.

**You must also submit one of the following (Check only one box)**

**If you are applying for initial certification in a specialty for which a national examination is not given you must submit:**

- Submit a written recommendation for your proposed certification from a director licensed in Nevada who holds a doctoral degree.

**If you are applying for initial certification in a specialty for which a national examination is available you must submit:**

- A copy of your test results showing you passed a national examination for certification in the specialty for which you are applying.

**If you are applying for a provisional certificate you must submit:**

- A copy of the notice from any national examination agency showing that you have been accepted as a candidate to take the required national examination for certification in the specialty for which you are applying.

**CYTOTECHNOLOGIST APPLICANTS MUST COMPLETE THIS SECTION**

*YOU MUST CHOOSE ONE OF THE FOLLOWING OPTIONS:*

**Option 1: I HAVE SUBMITTED WITH MY APPLICATION: (MUST check all three boxes)**

- Sealed transcripts sent from my accredited college/university showing I have successfully completed 2 years of study with at least 12 semester hours in science, of which 8 hours are in biology; **AND**  
 A copy of my notice/certificate from an accredited school of cytotechnology showing I have completed at least 12 months of training; **AND**  
 A copy of my examination results showing I have passed a national examination for certification **OR** If you are applying for a **provisional certificate** you have included a copy of the notice from any national examination agency showing you have been accepted as a candidate to take the required exam for certification as a cytotechnologist.

**Option 2: I HAVE SUBMITTED WITH MY APPLICATION: (MUST check all three boxes)**

- A copy of my notice/certificate showing I have successfully completed 6 months of formal training in an accredited school of cytotechnology; **AND**
- A signed, dated letter on laboratory letterhead showing I have completed 6 months of full-time, supervised experience in cytotechnology in a laboratory whose director is a pathologist; **AND**
- A copy of your test results showing you have passed a national examination for certification **OR** If you are applying for a **provisional certificate** you have included a copy of the notice from any national examination agency showing you have been accepted as a candidate to take the required exam for certification as a cytotechnologist.

**Option 3: I HAVE SUBMITTED WITH MY APPLICATION: (MUST check box)**

- A copy of your test results showing you have passed the examination for cytotechnologists given by the United States Department of Health and Human Services **OR** If you are applying for a **provisional certificate** you have included a copy of the notice from any national examination agency showing you have been accepted as a candidate to take the required exam for certification as a cytotechnologist.

**HISTOTECHNOLOGIST**

**Option 1: I HAVE SUBMITTED WITH MY APPLICATION: (MUST check both boxes)**

- I have included sealed transcripts sent from the college/university in which I obtained a baccalaureate degree from an accredited college or university with at least 32 semester hours in science, of which 12 hours are in chemistry and 16 hours are in the areas of general biology, histology, zoology, anatomy and physiology; **AND**
- A signed, dated letter on laboratory letterhead showing I have completed 1 year of experience in a histopathology laboratory under the supervision of a pathologist certified by the American Board of Pathology and Anatomic Pathology or a pathologist eligible to be certified in anatomic pathology.

**Option 2: I HAVE SUBMITTED WITH MY APPLICATION: (MUST check both boxes)**

- Sealed transcripts sent from the college/university in which I obtained a baccalaureate degree from an accredited college or university with at least 32 semester hours in science, of which 12 hours are in chemistry and 16 hours are in the areas of general biology, histology, zoology, anatomy and physiology; **AND**
- A copy of a certificate of completion of a program on histotechnology certified by the Committee on Allied Health Education and Accreditation

**Option 3: I HAVE SUBMITTED WITH MY APPLICATION: (MUST check both boxes)**

- A copy of my national certification as a histotechnologist; **AND**
- Proof of 8 years of full-time experience before August 1980, in an approved histopathology laboratory.

**BLOOD GAS TECHNOLOGIST APPLICANTS MUST SUBMIT COMPLETE THIS SECTION**

*YOU MUST CHOOSE ONE OF THE FOLLOWING OPTIONS:*

**Option 1: I HAVE SUBMITTED WITH MY APPLICATION: (MUST check box)**

- A copy of my credentials from the National Board for Respiratory Care showing I am certified as a respiratory therapist; **OR**

**Option 2: I HAVE SUBMITTED WITH MY APPLICATION: (MUST check box)**

- A copy of my certificate issued by the National Board for Respiratory Care showing I am a registered respiratory therapist.

**ALL APPLICANTS:** Indicate the name on your transcripts if different than on this application:

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**Foreign educated applicants ONLY:** (MUST have your Bachelor's, Master's or Doctoral degree evaluated)

I have included my evaluation for foreign studies from one of the National Association of Credential Services (NACES) members found at the following link: <http://www.naces.org/>

**IF YOU ARE APPLYING FOR A REACTIVATION OF A CERTIFICATE YOU MUST COMPLETE THIS SECTION**

(Must check both boxes)

I have submitted with my application copies of my CEU certificates which add up to 10 CEU contact hours.

I certify it has been 5 years or less since my certification has expired.

**Note:** If it has been more than 5 years since your certification has expired you must apply as an Initial Applicant by completing the initial applicant's section in the category for which you are applying.

Previous Certification Number: \_\_\_\_\_

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

I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of licensure. I have examined this application and it is complete. I declare under penalty of perjury that the foregoing is true and correct.

Executed on:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL APPLICANTS MUST SUBMIT, WITH YOUR APPLICATION, TO THE ADDRESS PROVIDED BELOW:**

A completed, signed **and** dated application.

A **\$113** fee via personal check, cashier's check or money order **paid to the order of Nevada State Treasurer.**

All documents required to be submitted with this application.

**Notes:**

- ❖ Where letters are required, if it takes more than one letter to show you have the required years of experience please include all letters needed.
- ❖ Initial or Reactivation of Certificate issued is valid for two (2) years after the date on which it was issued.
- ❖ **Provisional Certificate** expires 180 days after the date of issue and is not renewable. If your provisional certificate expires before you pass your exam you may apply for a provisional license up to three times by submitting another application and associated fee **each time** you apply. You **may not** request more than three provisional certificates. AS SOON AS YOU PASS YOUR national exam complete an Initial Certificate application and associated fee, attach proof of passing the exam and submit both to the address below.
- ❖ It is your responsibility to renew your certification before it expires, regardless of whether you receive a renewal notification or not.
- ❖ You may work as a temporary employee for a period not exceeding 6 months while the application is being processed.

- ❖ Allow up to six months processing time.
- ❖ If insufficient funds are submitted a \$25 fee will be assessed.

**Submit completed application, including all requested documentation and fee to:**

Division of Public and Behavioral Health  
Medical Laboratory Services  
727 Fairview Drive, Suite E  
Carson City, NV 89701

If you have any questions please contact 775-684-1030 and request Medical Laboratory Services.

**Change of Information**

You must notify the Division of any change to the information contained in your application within 30 days after the change by completing and submitting the Change of Name or Address Form for Clinical Laboratory Personnel found

at: <http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Reg/MedicalLabs/Docs/Applications/changeofaddress.pdf> Failure to comply with this requirement is grounds for denial of your application or the suspension or revocation of your license, as applicable.