

Application for California Medical Laboratory Technician License Examination

Fees:

Processing Fee for MLT(AAB) License Examination ... \$25.00

MLT(AAB) Generalist Examination Fee \$125.00
(includes basic knowledge, chemistry, hematology, immunology and microbiology)

Proctoring Fee \$20.00

Total Due \$170.00

MLT(AAB) Generalist Re-Examination Fee \$125.00
(includes basic knowledge, chemistry, hematology, immunology and microbiology)

All items must be completed. Please designate "not applicable" where necessary. If space is insufficient, attach plain continuation sheets with additional information. Be sure your name and address appear on all additional sheets.

Processing, Examination and Proctoring Fees: Your credit card information or check or money order, payable in the amount of \$170 in U.S. dollars only, and made payable to the "AAB Board of Registry," must accompany this application. **Processing fees are non-refundable.** Examination and proctoring fees are refundable, minus a cancellation fee of \$40, if cancelled sufficiently in advance. See the list of fees above.

Education and Training Requirements. Individuals applying must meet the attached education and training requirements.

Limit: Two reexaminations. Applicants who fail an examination two times must wait one year before taking the examination a third time. Applicants who fail an AAB Board of Registry examination three times may reapply two years after the date of the last failed examination.

FOR OFFICE USE ONLY

NAME _____

ID# _____

SPECIFY PAYMENT METHOD:

Check or Money Order Enclosed, Payable to "AAB Board of Registry"

Please charge my credit card: **American Express**
 Discover Card **MasterCard** **VISA**

Cardholder's Signature _____

Print Name As It Appears On Card _____

Credit Card# _____

Exp. _____

Your credit card information or check or money order, payable in the appropriate amount in U.S. dollars only, and made payable to the "AAB Board of Registry," must accompany this application.

PLEASE PRINT OR TYPE

1a. Name _____
Last First Middle

1b. All Prior Names _____

2a. California Identifier # _____. **Attach a copy of your "Letter of Qualification" from the State of California.**

2b. Social Security # ____-____-____ **If no SS#, indicate Passport number:** _____ **Country** _____

3. Mailing Address _____
Street & Number

City State Zip Code

Please indicate if mailing address is **Work** or **Home.**

Telephone: please check the box in front of the telephone number at which you can be reached during daytime hours (8 am to 5 pm central time).

Home: () _____ Business () _____ Cell Phone: () _____

Fax: () _____ Email _____

4. Male Female Date of Birth _____ **Place of Birth** _____
City, State, Country

5a. Are you now, or have you ever been suspended or excluded from participation in Medicare, Medicaid or other federal or state health care programs? **YES** **NO**

5b. Are you now, or have you ever been the subject of a state proceeding that has resulted in the loss or suspension of a professional license or certification, or other action that has precluded you from providing clinical laboratory services?
 YES **NO**

5c. If the answer to either of the above questions is "Yes," provide complete details. _____

6. Education

Institution Name (High School, College, Univ., etc.)	Location	Dates Attended	Fields of Specialization		Degree And Year Received
			Major Subject	Minor Subject	

9. Other schooling or training pertinent to the clinical laboratory.

Institution Name	Location	Dates Attended	Types Of Course (Give Details)	Completed Or Not

10. Employment History in the clinical laboratory: List below employment history beginning with present employment. Attach additional sheets as necessary.

Laboratory _____ Address _____ City State Zip Code	Hours per week	Dates From To		(Check One or More) <input type="checkbox"/> Clinical Chemistry <input type="checkbox"/> Immunology <input type="checkbox"/> Hematology <input type="checkbox"/> Microbiology	
Laboratory _____ Address _____ City State Zip Code	Hours per week	Dates From To		(Check One or More) <input type="checkbox"/> Clinical Chemistry <input type="checkbox"/> Immunology <input type="checkbox"/> Hematology <input type="checkbox"/> Microbiology	
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Laboratory _____ Address _____ City State Zip Code	Hours per week	Dates From To		(Check One or More) <input type="checkbox"/> Clinical Chemistry <input type="checkbox"/> Immunology <input type="checkbox"/> Hematology <input type="checkbox"/> Microbiology	

If more space is required, please attach a separate sheet(s).

11. The following statement must be signed and notarized:

I, _____, according to law, depose and say that I am the applicant named in this application, that I have made or read the contents hereof, and that to the best of my knowledge, information, and belief, the foregoing answers and statements are true.

In making this application to the AAB Board of Registry for entrance to an examination, in accordance with all rules governing the AAB Board of Registry, I understand and agree that in the event of any misstatement or misrepresentation in this document or concerning my certification by the AAB Board of Registry (if granted), or eligibility for an examination, I am subject to the forfeiture or suspension of my certificate or refusal to issue a certificate or refusal to permit entry to an examination or receive an examination score at the sole discretion of the AAB Board of Registry. I further agree to hold harmless the AAB Board of Registry or any of its officers or agents from any potential liability the AAB Board of Registry or any of its officers or agents may have with respect to the application, including, but not limited to, failure to issue, suspension, revocation, or any other matter relative to this application, the certificate, or entry to an examination.

Applicant Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

Official Stamp or Seal of Notary

Notary Public Signature _____

Notary Public in and for the State of _____ My Commission expires _____ 20 _____

12. Confidentiality Statement. All materials and information submitted regarding an application will be kept confidential. No material or information will be released except upon written authorization by the applicant or as required by law. However, the AAB Board of Registry will confirm whether or not an individual is certified without prior written permission of the certificant.

Release of Applicant Information — AAB Board of Registry Applicants must submit authorization in writing to the AAB office indicating what information is to be released and to whom the information is to be released.

13. Falsifying, misrepresenting, or misstating information submitted as part of, or in addition to, an application shall be grounds for denying, revoking or suspending certification or examination eligibility.

Falsifying, misrepresenting, or misstating information regarding an individual's certification or examination results, including the disciplines in which an individual is certified or which were challenged on an examination or the status of an individual's certification or examination results, shall be grounds for denying, revoking or suspending certification or eligibility to challenge an examination.

AAB Board of Registry certification or eligibility to take an examination may be denied, revoked or suspended at the discretion of the AAB Board of Registry upon a finding by the Board that the certificant does not possess the character or fitness suitable for AAB Board of Registry certification or examination eligibility. Grounds for denial, revocation or suspension include, but are not limited to, conviction of a felony or of a health care offense; sanctioning by a federal or state governmental body; an act of moral turpitude; falsifying, misrepresenting, or misstating information submitted on or with an application for certification; falsifying, misrepresenting, or misstating information regarding an individual's certification; or illegal residency.

Medical Laboratory Technician Education and Training Requirements

The prerequisites for entrance into this licensing examination shall be the following:

- (a) Have successfully completed at least 60 semester (90 quarter) units from a college or university accredited by an accrediting agency recognized by the California Department of Health Services (DHS). The coursework shall consist of at least 36 semester units of physical and biological sciences with an emphasis on applied clinical science. Coursework shall include 6 semester units of chemistry and 6 semester units of biology appropriate for transfer to a baccalaureate program in science, taken prior to, or concurrently with, training or experience; **and**
- (b) Have met the following training or experience requirements by documenting **one** of the following:
 - (1) Graduating from a medical laboratory technician training program accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS); **or**
 - (2) Graduating from a medical laboratory technician training program approved by the DHS; **or**
 - (3) Completing a minimum of three years on-the-job practical experience within the previous five years in a clinical laboratory outside California as a medical laboratory technician, performing tests in the specialties of chemistry, hematology, microbiology, and immunology. This work experience shall include at least 480 hours in each of these specialties and shall be documented by the laboratory director(s) of the laboratory(ies) employing the applicant pursuant to Section 1031.4(b)(8) of California's Clinical Laboratory Regulations (Title 17, Division 1, Chapter 2); **or**
 - (4) Completing a minimum of three years on-the-job practical experience within the previous five years in a clinical laboratory outside California as a clinical laboratory scientist, performing tests in the specialties of chemistry, hematology, microbiology, and immunology. This clinical laboratory scientist, also called medical technologist in some states, need not be California licensed pursuant to Business and Professions Code Section 1204, but shall have work experience outside California of at least 480 hours in each of these specialties as documented by the laboratory director(s) of the laboratory(ies) employing the applicant pursuant to Section 1031.4(b)(8) of California's Clinical Laboratory Regulations (Title 17, Division 1, Chapter 2); **or**
 - (5) Completing a minimum of three years on-the-job practical experience within the previous five years as a medical laboratory technician or clinical laboratory scientist in a California physician office laboratory or in a laboratory owned and operated by the United States of America. The applicant shall have performed tests in the specialties of chemistry, hematology, microbiology and immunology. This work experience shall include at least 480 hours in each of these specialties, and shall be documented by the physician(s) directing the laboratory(ies) employing the applicant pursuant to Section 1031.4(b)(8) of California's Clinical Laboratory Regulations (Title 17, Division 1, Chapter 2).

Checklist For Applicants

Please Check This List Before Sending In Your Application

Have You –

- Completed and signed the application?
- Had the application notarized?
- Attached credit card information or a check or money order for the processing, examination and proctoring fees?
- Attached a copy of your California Letter of Qualification?

**Mail the notarized application, necessary documentation,
and payment (in US dollars) for applicable fees to:**

**The AAB Board Of Registry
906 Olive Street - Suite 1200
St. Louis, MO 63101-1448
Phone: (314)241-1445 ● Fax: (314)241-1449
Email: ams@aab.org ● Web site: www.aab.org**