



Application for California Clinical Laboratory Scientist License Examination



FEES:

- Processing Fee for CLS(MT) License Examination \$25.00
- CLS(MT) Generalist Examination Fee \$135.00
(includes basic knowledge, chemistry, hematology, immunology, immunohematology and microbiology)
- Proctoring Fee \$20.00
- Total Due \$180.00**
- CLS(MT) Generalist Re-Examination Fee \$135.00
(includes basic knowledge, chemistry, hematology, immunology, immunohematology 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 **\$180** 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:
<input type="checkbox"/> Check or Money Order Enclosed, Payable to "AAB Board of Registry" <input type="checkbox"/> Please charge my credit card: <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card <input type="checkbox"/> MasterCard <input type="checkbox"/> 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 #: _____ 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, University, 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"/> Immunochemistry <input type="checkbox"/> Hematology <input type="checkbox"/> Microbiology <input type="checkbox"/> Immunology
Laboratory _____ Address _____ City _____ State _____ Zip Code _____	Hours per week _____	Dates From _____ To _____	(Check One or More) <input type="checkbox"/> Clinical Chemistry <input type="checkbox"/> Immunochemistry <input type="checkbox"/> Hematology <input type="checkbox"/> Microbiology <input type="checkbox"/> Immunology
Laboratory _____ Address _____ City _____ State _____ Zip Code _____	Hours per week _____	Dates From _____ To _____	(Check One or More) <input type="checkbox"/> Clinical Chemistry <input type="checkbox"/> Immunochemistry <input type="checkbox"/> Hematology <input type="checkbox"/> Microbiology <input type="checkbox"/> Immunology
Laboratory _____ Address _____ City _____ State _____ Zip Code _____	Hours per week _____	Dates From _____ To _____	(Check One or More) <input type="checkbox"/> Clinical Chemistry <input type="checkbox"/> Immunochemistry <input type="checkbox"/> Hematology <input type="checkbox"/> Microbiology <input type="checkbox"/> Immunology

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 certification 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 Sign _____ Date _____

Official Stamp or Seal of Notary

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

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.

Clinical Laboratory Scientist Education and Training Requirements

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

- (a) Graduation from a college or university accredited by an accrediting agency acceptable to the California Department of Health Services (DHS), with a baccalaureate and a major in clinical laboratory science, the last year of which shall have been primarily clinical laboratory procedures in a clinical laboratory training school; **or**
- (b) Graduation from a college or university accredited by an accrediting agency acceptable to DHS, with a baccalaureate and courses pertinent to the clinical laboratory field plus one year as a clinical laboratory technologist trainee or the equivalent in a clinical laboratory; provided, however, that a baccalaureate obtained after July 1, 1973, must include at least:
 - (1) 16 semester or equivalent quarter hours of chemistry, including instruction in analytical and biological chemistry;
 - (2) 18 semester or equivalent quarter hours of biological science, including instruction in immunology, hematology and medical microbiology which may include bacteriology, mycology, virology and parasitology;
 - (3) 3 semester or equivalent quarter hours of physics, including instruction in principles of light and electricity; **or**
- (c) A minimum of two years of experience as a licensed trainee or the equivalent as determined by the DHS doing clinical laboratory work embracing the various fields of clinical laboratory activity in a clinical laboratory acceptable to the DHS and 90 semester hours or equivalent quarter hours of university or college work in which are included the following courses, or essentially the equivalent, as may be determined by the DHS: general inorganic chemistry -8; quantitative analysis -3; basic biological sciences -8; bacteriology -4; provided, however, that university or college work completed after July 1, 1973, must include at least:
 - (1) 16 semester or equivalent quarter hours of chemistry, including instruction in analytical and biological chemistry;
 - (2) 18 semester or equivalent quarter hours of biological science including instruction in immunology, hematology and medical microbiology which may include bacteriology, mycology, virology and parasitology;
 - (3) 3 semester or equivalent quarter hours of physics, including instruction in principles of light and electricity.

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**