

State of Tennessee
Department of Health
Medical Laboratory Board

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www.tn.gov/health/article/medlab-about



Medical Laboratory Board
Application Guidelines

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I. APPLICATION PROCEDURES

Fees (1200-6-1-.06)

The following fees are required for licensure:

\$ 50 (application fee) - nonrefundable

\$ 10 (regulatory fee) - nonrefundable

\$ 60 TOTAL

Checks or money orders need to be made out to the State of Tennessee.

Converting Quarter Hours to Semester Hours:

Total Quarter Hours x 2 = Total Semester Hours 3

Converting CEUs to Clock Hours:

Total CEUs x 10 = Total Clock Hours

Converting Semester Hours to Clock Hours:

Total Semester Hours x 15 = Total Clock Hours

II. TRAINEE PERMITS (1200-06-01-.14)

Registration of the Laboratory Trainee

A qualified laboratory trainee shall register at no cost. Registration is valid for a period of two (2) years or less. Each trainee must submit a trainee application before beginning his/her practical training in a medical laboratory. **The trainee work permit is only valid in the facility (ies) approved for practice training.** The facility(ies) must be approved prior to internship. A trainee may work in a department after completion of the classroom requirements and clinical rotation period in that department provided he/she is under direct supervision of licensed medical laboratory personnel at the technologist level or higher. Documentation that the trainee has demonstrated acceptable competence levels in all procedures routinely performed in that clinical area must become part of that trainee's file.

The trainee permit shall be on file in the training program location and on-site during each clinical training program rotation.

III. LICENSURE INFORMATION

Processing Time: Each application is unique, however be prepared for a minimum of 8-10 weeks processing time. Some applications will require more or less time depending on complexity and circumstances.

Temporary License (1200-06-01-.13)

A temporary license may be issued by the Board for an applicant who has successfully completed the academic work, clinical training, and all Board designated requirements for the license sought, and is scheduled to take the next available Board approved national or international examination.

If the applicant fails the examination or does not sit for the scheduled examination, the temporary license shall immediately become null and void.

Renewals (1200-06-01-.09)

Licenses are renewed every other year based on the licensee's birthday. A penalty fee is due if your renewal is postmarked past the renewal deadline. The licensee is responsible for notifying the administrative office in writing when there is an address or name change. Licenses can be renewed online: <https://apps.tn.gov/hlrs/>

Continuing Education/Renewals - All Licensees (1200-06-01-.12)

All individuals holding a Tennessee license as a medical laboratory professional, are required to fulfill 24 hours of board-approved continuing education during the two (2) calendar years previous to the renewal of their license. For example:

2018 Renewal Date: Submits CE's obtained January 01, 2016-December 31, 2017

2019 Renewal Date: Submits CE's obtained January 01, 2017-December 31, 2018

Courses accepted sponsored by the Medical Laboratory Board may be found on the following web site: <http://tn.gov/health/article/medlab-coedu>.

Documents submitted must contain licensee's name, subject materials, date, contact hours and appropriate signature of agency or medical laboratory director.

Retirement of Current License (1200-06-01-.11)

A licensee who holds a current license and does not intend to practice as a medical laboratory professional in Tennessee may retire his/her license. The licensee must complete the Affidavit of Retirement from Practice in Tennessee document and have it notarized. The licensee will be notified in writing about the change of status of his/her license to the retired status. Renewal fees will not be required until the license is reactivated. This reactivation form may be obtained from the Board's administrative office. After two years, the applicant will not be required to submit continuing education, upon reactivation of a retired license.

Note: Retirement from your job does not retire your professional license; you must submit an Affidavit of Retirement to this office. Failure to do so means you are still subject to continuing education requirements until your license is retired

Reactivation of Expired License(1200-06-01-.11)

The completion of the Reactivation Form will allow the licensee to return to work. This form may be obtained from the administrative office for the Medical Laboratory Board. Upon reactivation of an expired license, the applicant will be required to submit continuing education documentation.

Please refer to the above continuing education information.

Change of Name or Address (1200-06-01-.17)

A change in name or address requires **prompt** notification to the Administrative office. You may fax this information to the administrative office: 615-253-8724 or call 615-532-5128.

Verification of License Status

The status of an individual’s license is a matter of public record. Anyone inquiring about an individual's license will be given following information: the licensure category, date of certification and if licensee is in good standing. This information may be obtained through the Tennessee Department of Health automated phone system, (615) 532-3202 (local) or 1-888-310-4650 (toll free), following each prompt. Licensure information is also available from the Tennessee Department of Health website, <https://apps.health.tn.gov/Licensure/default.aspx>

Criminal Background Check: Tennessee Code Annotated 63-1-116

Effective June 01, 2006 applicants for initial licensure in Tennessee (not applicable to the renewal, reinstatement or upgrade) **must** obtain a criminal background check.

For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions>.

Practitioner Profile Questionnaire

All applicants must complete a Practitioner Profile Questionnaire which can be found on line: <http://tn.gov/assets/entities/health/attachments/PH-3585.pdf>. You are required by law to update this profile within 30 days of any change if you have an active license. Failure to update the profile may subject the practitioner to disciplinary actions.

IV. GENERAL REQUIREMENTS: ALL APPLICANTS

General Requirements: ALL APPLICANTS

- ___ Completed application
- ___ Complete fees
- ___ Photograph (signed, passport size)
- ___ Official transcript which indicates that a degree was conferred. (sent directly from the University to this administrative office)
- ___ Graduation from a formal laboratory training program (NAACLS, CAHEA, CAAHEP)
See Attachment 2
- ___ Proof of national certification (sent directly from the agency/designee to this administrative office)
- ___ Completed Criminal Background Check
- ___ Completed Practitioner Profile Questionnaire
- ___ Completed Declaration of Citizenship

Military Trained Applicants (1200-06-01-.22)

Medical Laboratory Technician (Rule 1200-06-01-.22(1)(c)(2)(ii))

Applicant must have an associate degree in a laboratory science and successful completion of an official military medical laboratory procedures course of at least fifty (50) weeks duration in residence and have held the military enlisted occupational specialty of Medical Laboratory Specialist (Medical Laboratory Technician). This information will be referenced on form DD214, a copy of which must be included with the application. National certification by examination is required.

Medical Laboratory Technologist (Rule 1200-06-01-.22(1)(a)(2)(iii))

Applicant must have a baccalaureate degree, completion of the fifty (50) week military laboratory training program, three (3) years of full time clinical laboratory work experience as defined in (1)(j) of this rule; the individual must have completed science coursework equivalent to that required in a laboratory science education program as defined by (1)(g) of this rule. The military training program will be referenced on form DD214, a copy of which must be included with the application. National certification by examination is required.

Special Analyst Applicants (1200-06-01-.22(1)(e))

An applicant may be issued a special analyst license to perform limited medical laboratory tests or group of tests, in the following specialties: andrology, embryology, cytology, molecular diagnostics, cytogenetics, toxicology, flow cytometry, virology, or histocompatibility-immunogenetics, on human specimens, but who is not trained to perform the broader range of tests required by medical laboratory personnel. All applicants must submit documentation of training relating to the categorical specialty.

Internationally Trained Applicants (1200-06-01.05(2))

An evaluation of a foreign transcript is required to determine the applicant's eligibility in addition to the general requirements. The evaluation must be obtained from one of the following agencies.

Center For Applied Research,
Evaluation & Education, Inc.
P.O. Box 18358
Anaheim, CA 92817
Phone: 714 -237-9272
714- 237-9276
Fax: 714-237-9279
Email: eval_career@yahoo.com

Educational Evaluators
International, Inc.
11 S. Angell Street #348
Providence, RI 02906
Phone: 401-521-5340
Fax: 401-437-6474
WEB: www.educei.com

International Consultants of Delaware, Inc.
625 Barksdale Professional Center Suite 109
Newark, DE 19711
Phone: 302-737-8715
Fax: 302-737-8756
Email: icd@icdel.com

Josef Silny and Associates, Inc.
International Education Con.
P.O. Box 248233
Coral Gables, FL 33124
Phone: 305- 273-1616
Fax: 305- 273-1338
Email: info@silny.com

Education Credential Evaluators, Inc.
P.O. Box 514070
Milwaukee, WI 53203-3470
Phone: 414-289-3400
Fax: 414-289-3411
Email: eval@ece.org
WEB: www.ECE.org

World Education Services, Inc.
P.O. Box 745 Old Chelsea Station
New York, NY 10113-0745
Phone: 212-966-6311
Fax: 212-739-6100
Email: info@wes.org

Education International, Inc.
29 Denton Road
Wellesley, MA 02482
Phone: 781-235-7425
Fax: 781-235-6831
Email: edint@gis.net

Foundation for International
Services, Inc.
505 5th Avenue South Suite 101
Edmonds, WA 98020
Phone: 425-248-2255
Fax: 425-248-2262
Email: info@fis-web.com
Web: www.fis-web.com

Foreign Academic
Credentials Services, Inc.
P.O. Box 400
Glen Carbon, IL 62034
Phone: 618-656-5291
Fax: 618-656-5291
Email: fasc@aol.com

International Education
Research Foundation, Inc.
P. O. Box 3665
Culver City, CA 90231
Phone: 310-258-9451
Fax: 310-342-7086
Email: info@ierf.org
Web: www.ierf.org

The evaluation must be submitted by the evaluating agency. This document must be in the Board's administrative office to determine your eligibility for licensure. The evaluation needs to be a general statement of equivalency utilizing a course-by-course comparison. All internationally trained applicants must submit a notarized photocopy of their foreign college transcript to the Board's administrative office.

V CHECKLISTS

LABORATORY DIRECTOR CHECKLIST (1200-06-01-.20)

Attach a check or money order in the amount of sixty (\$60) dollars, payable to the State of Tennessee to your application. All applications for director are presented for review and approval by Medical Laboratory Board members during their quarterly meetings. The director-applicant is required to attend the quarterly meeting to respond to board member questions.

A pathologist and any other person recognized by the Board as having special qualifications and who is duly licensed and registered to practice medicine in the State of Tennessee will not be required to obtain a medical laboratory license in addition to his/her medical license. Individuals possessing an earned doctoral degree (non-medical degree) are required to obtain a license as a laboratory director from the Board.

A medical laboratory director must meet one of the following requirements:

Be a physician licensed in Tennessee and certified in clinical pathology by the American Board of Pathology or the American Osteopathic Board of Pathology or possess qualifications which are equivalent to those required for such certification (Board eligible).

Meet one of the following requirements to qualify as a director of a laboratory in one or more specialties:

- Is a physician licensed in Tennessee and certified by the American Board of Medical Microbiology, the American Board of Clinical Chemistry, or other certifying boards acceptable to the Board in one or more of the laboratory specialties.
- Hold an earned doctoral degree in a chemical, physical, biological or clinical laboratory science, and be certified by the American Board of Medical Microbiology, American Board of Clinical Chemistry, American Board of Bioanalysis, American Board of Medical Laboratory Immunology or other certifying boards acceptable to the Board in one or more laboratory specialties.
- Is a physician licensed in Tennessee, who subsequent to graduation has four (4) years or more experience in pulmonary function. The directorship is limited to blood gas analysis (pH, pO₂, pCO₂).
- Is a physician licensed in Tennessee, who is certified by a national board acceptable to the Board (not in traditional laboratory specialty) in the specialty for which approval for directorship is being sought.
- Holds an earned doctoral degree and has, in the opinion of the Board, appropriate work experience in a subspecialty for which there is no national certification. These individuals must obtain national boarding in the subspecialty when it becomes available.

General Requirements-Director

- Completed application
- Complete fees
- Photograph (signed, passport size)
- Official transcript which indicates that a degree was conferred. (sent directly from the university to this administrative office)
- Proof of National Boarding (sent directly from the agency to this administrative office).
- Declaration of Citizenship Form
- Completed Criminal Background Check (Initial Applicants Only)
- Completed Practitioner Profile Questionnaire
- Proof of Training (Fellowship, Post-doctoral training, etc.)

**Director Level Credentialing Agencies
Accepted by the Tennessee Medical Laboratory Board**

Medical Doctors, who are duly licensed and registered to practice medicine in the State of Tennessee and must be boarded by an acceptable credentialing agency, will not be required to obtain a medical laboratory director's license. Those who hold an earned non-medical doctoral degree must obtain a director's license from the Medical Laboratory Board.

- I. American Board of Pathology (ABP) (813) 286-2444**
- A. Anatomical Pathology and Clinical Pathology
Qualifies as a Director General – Clinical and Anatomical Laboratory
 - B. Anatomical Pathology only
Qualifies as a Director General – Anatomical Laboratory
 - C. Clinical Pathology only
Qualifies as a Director General – Clinical Laboratory
 - D. Anatomical Pathology or Oral Pathology
MD or Dentist Qualifies as a Director – Oral Pathology Laboratory

- II. American Board of Bioanalysis (ABB) (314) 241-1445**
- A. Bioanalyst Clinical Laboratory Director (**BCLD**)
Qualifies as a Director General – Clinical Laboratory
 - B. High Complexity Clinical Laboratory Director (**HCLD**)
Qualifies as a Director in the subspecialty in which they are boarded.
Those subspecialties are:
 - Andrology
 - Chemistry (including urinalysis, endocrinology, and toxicology)
 - Diagnostic Immunology
 - Embryology
 - Hematology (including flow cytometry)
 - Microbiology (including bacteriology, parasitology, virology, and mycology)
 - Molecular Diagnostics
 - Public Health Microbiology
- III. American Board of Clinical Chemistry (ABCC) (202) 835-8727**
- A. Clinical Chemistry; Qualifies as a Director of Chemistry
 - B. Toxicological Chemistry; Qualifies as a Director of Toxicology
 - C. Clinical Molecular Genetics-Qualifies as a Director of Molecular Diagnostics
- IV. American Board of Forensic Toxicology Laboratory (ABFT) (719) 636-1100**
Qualifies as a Director of Toxicology Laboratory
- V. American Board of Internal Medicine (ABIM) (215) 446-3500**
- A. Endocrinology; Qualifies as a Director of Endocrinology
 - B. Hematology; Qualifies as a Director of Hematology
 - C. Gastroenterology; Qualifies as a Director of a Nutrition Laboratory
 - D. Infectious Diseases; Qualifies as a Director of an Infectious Disease Laboratory
 - E. Pulmonary Disease; Qualifies as a Director of an Arterial Blood Gas Laboratory
- VI. American Board of Medical Microbiology (ABMM) (202) 942-9281**
Qualifies as a Director of Microbiology
With applicable work experience, qualifies as a Public Health Laboratory Director
- VII. American Osteopathic Board of Pathology (AOBP) (800) 621-1773
ext. 7445**
Qualifies as a Director General
- VIII. American Board of Medical Genetics & Genomics (ABMGG) (301)634-7315**
- A. Clinical Molecular Genetics; Qualifies as a Director of Molecular Diagnostics
 - B. Laboratory Genetics and Genomics; Qualifies as a Director of Clinical Cytogenetics and Molecular Diagnostics
- IX. American Board of Medical Laboratory Immunology (ABMLI) (202)-942-9281**
Director of Immunology and Director of Flow Cytometry
- X. American Board of Histocompatibility and Immunogenetics (AMHI) (913) 541-0009
ext. 476**
Director of Histocompatibility and Immunogenetics
- XI. American Board of Pediatrics (ABP) (919) 929-0461**
- A. Infectious Diseases; Qualifies as a Director of a Direct Virology Laboratory
 - B. Gastroenterology; Qualifies as a Director of a Direct Nutrition Laboratory
- XII. American Board of Obstetrics and Gynecology (ABO+G) (214) 871-1619**
Reproductive Endocrinology; Qualifies as a Director of an Andrology Laboratory

- XIII. American Board of Oral and Maxillofacial Pathology (ABOMP) (813) 286-2444**
 A Qualifies as a Director of Oral and Maxillofacial Pathology Laboratory
- XIV. National Registry of Certified Chemists (NRCC) (703) 979-9001**
 A Chemistry; Qualifies as a Director of Chemistry
 B Toxicology; Qualifies as a Director of Toxicology

LABORATORY SUPERVISOR CHECKLIST (1200-06-1-.21)

Attach a check or money order in the amount of sixty (\$60) dollars, payable to the State of Tennessee to your application.

A laboratory supervisor must meet one of the requirements in Section I

SECTION I

- _____ Is a physician licensed in Tennessee or possess a doctoral degree with a chemical, physical or biological science as his/her major subject. The applicant must have at least two (2) years of experience in one of the laboratory specialties in a clinical laboratory and with a director at the doctoral level subsequent to graduation.
- _____ Possess a valid general medical laboratory technologist license in Tennessee. Must have at least three (3) years of full time (30 hours per week) laboratory experience, subsequent to qualifying as a technologist.
- _____ Possess a valid medical laboratory technologist license in Tennessee limited to one of the categories of chemistry, hematology, immunohematology or microbiology. The applicant must have at least three (3) years of full time (30 hours per week) laboratory experience, or its equivalent, subsequent to qualifying as a technologist. The license shall be limited to the category in which the current medical laboratory technologist license is held.
- _____ Possess a valid special analyst license in Tennessee limited to one subspecialty and have at least three (3) years of full time (30 hours per week) clinical laboratory experience, subsequent to qualifying as a special analyst. The license shall be limited to the subspecialty in which the current special analyst license is held.

SECTION II

_____ Documentation of 45 clock hours of management continuing education.

DOCUMENTATION INFORMATION

The management courses must either have "management" in their title or be specifically designated or designed for managers or supervisors. Management continuing education is acceptable if it concerns financial, operational, personnel, or marketing management.

Course documentation may be in the form of diplomas, certificates and letters of verification from employers, professional groups or agencies which conduct the training. All handwritten documents must be signed by the applicant's supervisor(s) to verify attendance.

An official transcript is necessary if the applicant is using college courses for continuing education credit. The transcript must be sent directly from the school to the administrative office for the Medical Laboratory Board.

Work experience must be verified in writing on hospital letterhead. The letters must include: job title, dates of employment and full or part-time employment status. If work experience was part-time, the verification letters must indicate the number of hours worked per week. Work experience letters must be sent directly from the employer to the administrative office for the Medical Laboratory Board.

General Requirements-Supervisor

- ___ Completed application
- ___ Complete fees
- ___ Photograph (signed, passport size)
- ___ Declaration of Citizenship
- ___ Copy of current national certification (ASCP, AMT, etc.)
- ___ Completed Practitioner Profile Questionnaire
- ___ 45 Continuing Education Hours
- ___ Documentation of 3 years of work experience as a medical technologist from employer on facility letterhead.
- ___ Completed Criminal Background Check (Only if this is an initial application)

TENNESSEE MEDICAL LABORATORY BOARD

Management Continuing Education Subject Areas for Supervisor License

Adapted from ASCP Board of Registry DLM Certification

1. Financial Management

Budgets
Equipment Acquisition
Cost Analysis
Financial Accounting
Reimbursement
Materials Management
Contract Negotiation
Billing and Collections

3. Personnel Management

Motivation
Staffing
Performance Standards/Evaluations
Counseling/Discipline
Education and Training
Wage and Salary Administration
Conflict Resolution

2. Operations Management

Quality Assurance/Total Quality Management
Licensure
Safety
Medical-Legal/Risk Management
Flow Charting
Productivity

4. Marketing Management

Product Development
Consumer Relations
Market Research
Managed Care

CYTOLOGY GENERAL SUPERVISOR CHECKLIST (1200-06-01-.23)

An applicant for licensure as a cytology general supervisor must meet the following requirements:

Attach a check or money in the amount of sixty (\$60) dollars, payable to the State of Tennessee to your application.

- Possess a current license as a cytotechnologist from the State of Tennessee.
- Have at least four (3) years of full-time experience as a cytotechnologist within the preceding ten (10) years.

Work experience must be verified in writing on hospital letterhead. The letter must include: job title, dates of employment, and full or part-time employment status. If work experience was part-time, the verification letters must indicate the number of hours worked per week. Work experience letters must be sent directly from the employer to the administrative office of the Medical Laboratory Board.

See Section II for Continuing Education requirements for Supervisor-Cytology. Subject materials must be in Cytology.

General Requirements-Supervisor-Cytology

- ___ Completed application
- ___ Complete fees
- ___ Photograph (signed, passport size)
- ___ Declaration of Citizenship
- ___ Copy of current national certification (ASCP, AMT, etc.)
- ___ Completed Practitioner Profile Questionnaire
- ___ 45 Continuing Education Hours in Management
- ___ 15 Technical Hours in Cytology
- ___ Documentation of 3 years of work experience as a Cytotechnologist from employer on facility letterhead.
- ___ Completed Criminal Background Check (Only if this is an initial application)

MEDICAL LABORATORY TECHNOLOGIST CHECKLIST (1200-06-01,22)

Attach a check or money order in the amount of sixty (\$60) dollars, payable to the State of Tennessee to your application.

A medical laboratory technologist shall meet one of the following requirements, in addition to possessing national certification by exam at the technologist level:

- ___ A baccalaureate degree in medical technology or in one of the biological, chemical or physical sciences, and with the completion of a medical laboratory technologist training program.
- ___ A baccalaureate degree, MLT certification, three (3) years of full time clinical laboratory work experience and completion of science coursework equivalent to that required in a laboratory science education program.
- ___ A baccalaureate degree, completion of the fifty (50) week military laboratory training program, three (3) years of full time clinical laboratory work experience and completion of science coursework equivalent to that required in a laboratory science education program.
- ___ A baccalaureate degree, five (5) years of full time clinical laboratory work experience and completion of science coursework equivalent to that required in a laboratory science education program.
- ___ For those individuals obtaining national certification by examination or recognition at the technologist level prior to September 1, 1997:
 1. Having received a passing grade on a Health and Human Services proficiency examination in clinical laboratory science and completion of five (5) years of full time clinical laboratory work experience; or
 2. A minimum of ninety (90) semester hours including science coursework equivalent to that required in a laboratory science education program and with the completion of a medical laboratory technologist training program that was approved at the time of graduation by National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) or a national accrediting agency acceptable to the Board.

NOTE: Survey, audit, remedial courses, non-graded courses, or didactic courses from a medical laboratory technologist training program do not fulfill the biological and chemical science coursework requirement. College level examination program and advanced placement courses may qualify to fulfill the biological and chemical science coursework requirement. Rule 1200-06-01-.22 (1)(g).

SCIENCE COURSEWORK REQUIRED IN LAB TRAINING PROGRAM

— Thirty-two (32) semester hours or forty-eight (48) quarter hours of chemical and biological sciences coursework including one class of microbiology (lecture and laboratory) and one course in organic or biochemistry (lecture and laboratory). These courses may be obtained online or on campus.

Work experience must be verified in writing on hospital letterhead and must be submitted directly from the employer to the administrative office of the Medical Laboratory Board. The letters must include: job title, dates of employment, lab areas of employment and full (30 hours per week) or part-time employment status.

If your work experience was part-time, the verification letters must indicate the number of hours worked per week. work experience letters must be sent directly from the employer to the administrative office for the Medical Laboratory Board.

MEDICAL TECHNOLOGIST-CATEGORICAL CHECKLIST (Rule 1200-06-01-.22)

Attach a check or money order in the amount of sixty (\$60) dollars, payable to the State of Tennessee to your application.

A medical laboratory technologist may obtain a license limited to one of the following categories:

Chemistry Hematology Immunohematology Microbiology

The applicant must meet the following requirements:

— Must present proof of national certification by certifying body acceptable to the Board in the laboratory specialty at which licensure is being sought at the technologist level, or present proof of national certification as a general technologist.

— Must meet one of the qualification routes on the medical laboratory technologist checklist.

General Requirements-Medical Technologist or Categorical Technologist

- Completed application
- Complete fees
- Photograph (signed, passport size)
- Official transcript which indicates that a degree was conferred (sent directly from the university to this administrative office)
- Graduation from an accredited laboratory training program (NAACLS)
- Complete Declaration of Citizenship
- Proof of current National Certification sent directly to this office (ASCP, AMT, etc.)
- Completed Practitioner Profile Questionnaire
- Completed Criminal Background Check (initial applicants only)

SPECIAL ANALYST CHECKLIST (1200-06-01-22)

Attach a check or money order in the amount of sixty (\$60) dollars, payable to the State of Tennessee to your application.

An individual may be issued a limited special analyst license to perform tests in only a limited range (as listed on the license) if the following criteria are met:

- The individual is certified by a national certification body approved by the Board, where such certification exists, or
- In the absence of national certification, the individual possesses at least a baccalaureate degree relevant to the subspecialty in which licensure is being sought. **All individuals qualifying in this manner shall be approved by the Board.** Individuals must obtain national certification for continued licensure at the time such certification becomes available.

General Requirements-Special Analyst

- Completed application
- Complete fees
- Photograph (signed, passport size)
- Official transcript which indicates that a degree was conferred (sent directly from the university to this administrative office)
- Graduation from an accredited laboratory training program (NAACLS, CAHEA, CAAHEP)
Or provide proof of one year of training in the specialty being sought.
- Complete Declaration of Citizenship
- Proof of current National Certification sent directly to this office (ASCP, AMT, etc.)
- Completed Practitioner Profile Questionnaire
- Completed Criminal Background Check (initial applicants only)

The Board Approved Certifying Agencies are	
Chemistry	ASCP or NRCC or AAB or AMT or ASCP BOC
Hematology	ASCP or AAB or AMT or ASCP BOC
Immunohematology	ASCP or AAB or AMT or ASCP BOC
Microbiology	ASCP or AAB or AMT or ASCP BOC or NRM
Cytogenetics	ASCP BOC
Toxicology	NRCC
Histocompatibility/Immunogenetics	ABHI
Flow Cytometry	ASCP or ASCP BOC
Andrology	ABB or AAB

NOTE: The National Certification Agency must send a letter of verification of your certification to the board's administrative office.

The following addresses and phone numbers may aid you in obtaining a verification letter.

American Society for Clinical Pathology (ASCP)

33 West Monroe St, Suite 1600
Chicago, IL 60603
Phone: (800) 267-2727
Phone: (312) 541-4999
Fax: (312) 541-4498
Website: www.ascp.org/bor

American Society for Histocompatibility & Immunogenetics (ASHI) & American Board of Histocompatibility (ABHI)

P.O. Box 19173
Lenexa, KS 66258-9173
Phone: (913) 541-0009
Fax: (913) 599-5340
Website: www.ashi-hla.org/abhi

American Association for Clinical Chemistry (AACC)

American Board of Clinical Chemistry (ABCC)
1850 K Street, NW Suite 625
Washington, DC 20006-2213
Phone: (202) 832-8287
Fax: (202) 835-4576
Website: www.aacc.org

American Board of Bioanalysis (ABB)

American Association of Bioanalysts (AAB)
906 Olive St Suite 1200
St. Louis, MO 63101-1434
Phone: (314) 241-1445
Fax: (314) 241-1449
Website: www.abb.org OR www.aab.org

National Registry of Certified Microbiologist (NRM)

c/o American Society for Microbiology
1752 N Street NW
Washington, DC 20036
Phone: (202) 942-9281
Website: www.asm.org/nrcm

National Registry of Certified Chemists (NRCC)

125 Rose Ann Lane
West Grove, PA 19390
Phone: (610) 322-0657
Fax: (800) 858-6273
Website: www.nrcc6.org

American Medical Technologists (AMT)

10700 W Higgins Rd, STE 150
Rosemont, IL 60018
Phone: (847) 823-5169
Phone: (800) 275-1268
Fax: (847) 823-0458
Website: www.amtl.com
Email: mail@americanmedtech.org

**American Society for Clinical Pathology (ASCP)BOC
(As of October 23, 2009)**

33 West Monroe St, Suite 1600
Chicago, IL 60603
Phone: (800) 267-2727
Phone: (312) 541-4999
Fax: (312) 541-4498
Website: www.ascp.org/bo

MEDICAL LABORATORY TECHNICIAN CHECKLIST (1200-06-01.22)

Attach a check or money order in the amount of sixty (\$60) dollars, payable to the State of Tennessee to your application.

A medical laboratory technician shall meet one of the following requirements, in addition to possessing national certification by exam at the technician level:

- ___ Successful completion of a medical laboratory technician associate degree program.
- ___ An associate degree in a laboratory science and successful completion of an official military medical laboratory procedures course of at least fifty (50) weeks duration in residence and have held the military enlisted occupational specialty of Medical Laboratory Specialist (Medical Laboratory Technician). This information will be referenced on Form DD214.
- ___ An associate degree in a laboratory science that meets specific science requirements (six (6) semester hours of chemistry and six (6) semester hours of biology) for entrance into a medical laboratory technician training program and three (3) years of full time clinical laboratory work experience.

General Requirements-Medical Laboratory Technician

- ___ Completed application
- ___ Complete fees
- ___ Photograph (signed, passport size)
- ___ Official transcript which indicates that a degree was conferred (sent directly from the university to this administrative office)
- ___ Graduation from an accredited laboratory training program (NAACLS)
- ___ Complete Declaration of Citizenship
- ___ Proof of current National Certification sent directly to this office (ASCP, AMT, etc.)
- ___ Completed Practitioner Profile Questionnaire
- ___ Completed Criminal Background Check (initial applicants only)

CYTOTECHNOLOGIST CHECKLIST (1200-06-01-.24)

Attach a check or money order in the amount sixty (\$60) dollars, payable to the State of Tennessee to your application.

A cytotechnologist shall meet one of the following requirements:

- Graduated from a school of cytotechnology accredited by the Committee on Accreditation of Allied Health Education Programs (CAAHEP), the Committee on Allied Health Education and Accreditation (CAHEA) or other accrediting agencies acceptable to the Board.
- Be certified in cytotechnology by a certifying agency approved by the U.S. Department of Health and Human Services (HHS).

NOTE: YOU MUST HAVE THE CERTIFYING AGENCY SEND PROOF OF YOUR CERTIFICATION DIRECTLY TO THIS OFFICE.

- If awarded National Certification on or after August 1, 1988, applicant must also submit proof that the certification was awarded based upon the possession of a baccalaureate degree earned at a regionally accredited college/university.
- If awarded prior to August 1, 1988, applicant need only submit proof that National Certification was awarded, regardless of the prerequisites upon which it was based.

General Requirements-Cytotechnologist

- Completed application
- Complete fees
- Photograph (signed, passport size)
- Official transcript which indicates that a degree was conferred (sent directly from the university to this administrative office)
- Graduation from an accredited cytotechnology training program (CAAHEP, CAHEA)
- Complete Declaration of Citizenship
- Proof of current National Certification sent directly to this office (ASCP, AMT, etc.)
- Completed Practitioner Profile Questionnaire
- Completed Criminal Background Check (initial applicants only)

Mail completed application and fees to:

Medical Laboratory Board
2nd Floor Metro Center Complex
665 Mainstream Drive
Nashville, TN 37243

For Office Use Only

05/001 \$50.00 Application Fee
05/006 \$10.00 Regulatory Fee
\$60.00 Total Fee
Make check payable to the State of Tennessee

APPLY FOR CATEGORY (Check One)

PERSONAL INFORMATION

<input type="checkbox"/> Director _____ (Specify) <input type="checkbox"/> Supervisor _____ (Specify) <input type="checkbox"/> Medical Technologist-Generalist <input type="checkbox"/> Medical Technologist-Chemistry <input type="checkbox"/> Medical Technologist-Hematology <input type="checkbox"/> Medical Technologist-Microbiology <input type="checkbox"/> Medical Technologist-Immunohematology <input type="checkbox"/> Medical Laboratory Technician General <input type="checkbox"/> Special Analyst <input type="checkbox"/> Immunogenetics <input type="checkbox"/> Histocompatibility/Immunogenetics <input type="checkbox"/> Cytotechnology <input type="checkbox"/> Toxicology <input type="checkbox"/> Cytogenetics <input type="checkbox"/> Flow Cytometry <input type="checkbox"/> Andrology <input type="checkbox"/> Molecular Diagnostics <input type="checkbox"/> Other _____ (Specify)	Last Name	First	M.I.	Maiden	
	Address			Photograph Passport-size Head/Shoulders Signed/bottom front	
	City, State				
	Zip Code				
	(H) Phone			(W) Phone	
	Citizenship <input type="checkbox"/> U.S.A. <input type="checkbox"/> Other Specify _____			Birthplace (city, state, foreign city)	
	Social Security Number			Birthdate (MM/DD/YYYY)	
	Sex (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female			Race:(optional) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other _____	

*You must put your social security number on this form for the application to be complete. State and federal law requires social security numbers on this application. TN Code Ann §36-5-1301 (a), as authorized by 42U.S.C.§405(c)(2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number you are agreeing that the Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

Email Address: _____

Do you wish to receive notification, including renewal notification, from the Department of Health

Via Email? YES NO

Have you previously applied for a trainee permit? Yes No

Name Used: _____

Have you previously applied for licensure in the state of Tennessee from the Medical Laboratory Board?

Yes No If Yes, and you were granted a license please indicate name used and license number.

Name Used: _____ License #: _____

EDUCATION INFORMATION

	Name and Address of School	Education Dates MM/DD/YYYY	Year of Degree	Type of Degree	Major
High School		Start:			
		End:			
		Graduation:			
College		Start:			
		End:			
		Graduation:			
Professional School		Start:			
		End:			
		Graduation:			
Clinical Internship		Start:			
		End:			
		Graduation:			

TYPE OF EDUCATIONAL PROGRAM COMPLETED
<input type="checkbox"/> 1-4 YEARS + INTERNSHIP
<input type="checkbox"/> 5-8 YEARS + INTERNSHIP / FELLOWSHIP

LICENSURE INFORMATION

Have you ever been dropped, suspended, expelled, or disciplined by any school, college or training program for any cause? Yes No

If "Yes" Explain:

Do you currently have a license from another state? Yes No

If yes, which state? _____ License No. _____

License Status _____ (licensed, probation, suspended, retired, revoked, surrendered)

Current Yes No

Name on license issued: _____

Do you currently have a National Certification? Yes No

If yes, which agency? _____

Certification/Registry No. _____ Category _____

Have you applied for National Certification? Yes No

If yes, which agency? _____

When are you scheduled for the exam? (MM/DD/YYYY) _____

Have you ever been licensed in another profession? Yes No

Other profession, please specify: _____ License No. _____

Have you ever been known by any other name? Yes No

If you answer yes to this question, please list under the following:

Name/Personal details

Are you a U.S. Citizen? Yes No

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? (if yes please provide proof of status)

Yes No

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component (if yes, please provide proof of same).

Yes No

DECLARATION OF CITIZENSHIP

All applicants must complete, sign and have notarized the Declaration of Citizenship form and submit the documents required by the Declaration of Citizenship form. The Declaration is available online at

<https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-41833.pdf>

Submit the Declaration of Citizenship and proof of U.S. citizenship or evidence of being legally entitled to live in the U.S. (e.g. copy of birth certificate, U.S. passport, naturalization papers, or current visa status).

EMPLOYMENT INFORMATION (LIST MOST RECENT FIRST)

Employer with Address/City/State	Job Title	Hours Per Week
	Dates of Employment (MM/DD/YYYY)	
	From _____ to _____	
Name of Supervisor and Supervisor Title	List Depart.(s) of your employment	

Description of duties and responsibilities:

Employer with Address/City/State	Job Title	Hours Per Week
	Dates of Employment (MM/DD/YYYY)	
	From _____ to _____	
Name of Supervisor and Title	List Depart.(s) of your employment	

Description of duties and responsibilities:

Employer with Address/City/State	Job Title	Hours Per Week
	Dates of Employment (MM/DD/YYYY)	
	From _____ to _____	
Name of Supervisor and Title	List Depart.(s) of your employment	

Description of duties and responsibilities:

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer “yes” to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page.

IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED WITH THIS APPLICATION.

Additional information may be requested and/or required before a licensure decision may be made.

For the purposes of these questions, the following phrases or words have the following meanings:

1. **“Ability to practice your profession”** is to be construed to include all of the following:

- a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;
- b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
- c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.

2. **“Medical Condition”** includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.

3. **“Minor Traffic Offense”** generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.

4. **“Currently”** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.

5. **“Illegal use of illicit or controlled substances”** means the use of substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS:

- | | YES | NO |
|--|-------|-------|
| 1. Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or field of practice, the setting or the manner in which you have chosen to practice? | _____ | _____ |
| 2. Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? | _____ | _____ |

(If you receive such ongoing treatment or participating in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure).

3. At any time within the past two years, have you engaged in the illegal or illicit use of controlled substances? _____
4. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances? _____
5. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature? _____
6. Have you ever held or applied for a license, privilege, registration or certificate to practice in the medical laboratory field in any state, country, or province, that has been or was ever denied, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? _____
7. Have you ever had staff privileges at any hospital or health care facility that were revoked, suspended, curtailed, restricted, limited, otherwise disciplined or voluntarily surrendered under threat of restriction or disciplinary action? _____
8. Have you ever applied for and been denied a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action? _____
9. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or a misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended? _____
10. Have you ever been rejected or censured by a professional association or society? _____
11. In relation to the performance of your professional services in any profession:
 - a. Have you ever had a final judgement rendered against you in relation to the performance of your professional services in any profession? _____
 - b. Have you ever entered into any settlement of any legal action in relation to the performance of your professional services in any profession? _____
 - c. Are there any legal actions pending against you or to which you are a party in relation to the performance of your professional services in any profession? _____
12. If you have ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary act? _____
13. My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state) in relation to the performance of your professional services in any profession. _____

APPLICANT: COMPLETE THE FOLLOWING AFFIDAVIT

**AFFIDAVIT OF APPLICANT
APPLICANT'S CONSENT AND RELEASE**

In applying for licensure in the State of Tennessee, I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary and which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a medical laboratory professional.

AUTHORIZE the Board, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others and other qualifications.

RELEASE from liability the Board, its staff and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPPA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE



ATTACHMENT 1

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS
METRO CENTER COMPLEX
665 MAINSTREAM DR. 2ND FL
NASHVILLE, TENNESSEE 37243**

**TENNESSEE MEDICAL LABORATORY BOARD
CLEARANCE FROM OTHER STATE LICENSURE BOARDS**

APPLICANT: Please provide the information requested in the top box (see below), and then mail one (1) form to the licensure board in EACH state where you hold OR HAVE EVER HELD a license to practice any profession. (Copies of this form may be used.) **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

_____ was granted a license to practice _____ with license
 (Name of Applicant) (Profession)
 Number _____ on _____ in the State of _____. The Medical
 (Date)
 Laboratory Board of Tennessee requests that I submit evidence of the current status of that license in your state. You are hereby authorized to release any information in your files, favorable or otherwise, directly to:

**State of Tennessee
 Medical Laboratory Board
 Metro Center Complex
 665 Mainstream Dr. 2ND FL
 Nashville, TN 37243**

Date: _____

 Applicant's Signature

 Applicant's typed or printed name

ADMINISTRATIVE OFFICE OF STATE LICENSURE BOARD, PLEASE COMPLETE:

Name In Full As It Appears On License: _____

License Number _____ Profession _____ Date Issued _____

Basis of issuance: ___ Endorsement/Reciprocity with _____
 (Check One) (State)

___ Written Examination _____
 (Name of Exam)

The license is currently active and registered? yes no

Is there any derogatory information on file? yes no If yes, an explanation must be attached.

 Authorized Signature Title Date

ATTACHMENT 2



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS
METRO CENTER COMPLEX
665 MAINSTREAM DR. 2ND FL
NASHVILLE, TENNESSEE 37243**

**MEDICAL LABORATORY BOARD
1-800-778-4123 EXT. 5325128 OR (615) 532-5128**

**APPLICANT: Complete this attachment: MAIL THIS FORM TO YOUR
LABORATORY TRAINING PROGRAM DIRECTOR.**

FULL NAME: _____
(Last) (First) (Middle) (Maiden)

ADDRESS: _____ Social Security Number: _____-_____-_____

Student Identification Number: _____

Degree Obtained: _____

Date of Graduation: _____

To Whom It May Concern:

Name of Program Director: _____
Official Name and Address _____
Of Training Institution: _____

Phone number: () _____

Was this program accredited at the time this student was in training? YES NO

Name of accrediting agency. _____

Signature of Program Director

Date

ATTACHMENT 3



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS
METRO CENTER COMPLEX
665 MAINSTREAM DR. 2ND FL
NASHVILLE, TENNESSEE 37243**

**MEDICAL LABORATORY
1-800-778-4123 EXT. 2-5128 OR (615) 532-5128**

APPLICANT: Complete this attachment: MAIL THIS FORM TO YOUR COLLEGE(S).

Full Name:	_____	_____	_____
	(Last)	(First)	(Middle/Maiden)
Address:	_____	Social Security Number :	____-____-____

Student Identification Number:	_____		
Year of Graduation:	_____		
Degree Obtained:	_____		

TO WHOM IT MAY CONCERN:

I am applying for a license to practice as a Medical Laboratory Professional in the State of Tennessee.

Please forward an original transcript bearing the institution's official seal to:

**State of Tennessee
Medical Laboratory Board
Metro Center Complex
665 Mainstream Dr.
Nashville, TN 37243**

Applicant's Signature

Date

NATIONAL CERTIFICATION VERIFICATION INFORMATION

YOU MUST CONTACT YOUR NATIONAL CERTIFICATION AGENCY DIRECTLY FOR PROOF OF CURRENT NATIONAL CERTIFICATION.

FOLLOW THE AGENCY INSTRUCTIONS TO COMPLETE THE VERIFICATION PROCESS; WHICH MAY INCLUDE APPLICABLE FEES.

THE VERIFICATION DOCUMENT MUST BE SENT TO THE TENNESSEE MEDICAL LABORATORY BOARD.

SEE PAGE 16 FOR BOARD APPROVED CERTIFICATION AGENCIES.