STATE OF HAWAII DEPARTMENT OF HEALTH STATE LABORATORIES DIVISION 2725 WAIMANO HOME ROAD PEARL CITY, HAWAII 96782	DO NOT WRITE IN SHADED SECTION			
	☐ APPROVED Date:		☐ DISAPPROVED Date:	
	TYPE OF FEE PAID:	APPLICATION $25	LICENSE $_____	
	Check No./Date:			
	Receipt No./Date:			
APPLICATION FOR LICENSURE AS Clinical Laboratory Director	NOTES:			
	LICENSE		DATE LOGGED	
	NO. ISSUED	DATE MAILED	DATABASE	B/B

USE TYPEWRITER OR PRINT CLEARLY

FULL NAME: _____
Last First Middle

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ TELEPHONE-RESIDENCE: ( ) _____

_____ -BUSINESS: ( ) _____
City State Zip Code

EMPLOYER'S NAME AND ADDRESS: _____

_____

EDUCATION	NAME & LOCATION	YEARS ATTENDED	MAJOR OR MINOR	DEGREE/DATE RCVD.
High School				
Training or Technical School				
College or University				

All professional experience or training during the past 5 or more years
Attach a description of duties performed

Employer's Name	Address	Position Title	Date of Employment From - To

Other current and valid state licenses

Name of State	License Category	License No.	Date Issued

Professional Certification

Name of Agency	Category	Registry No.	Date Issued

1. Has your license in any state or country ever been revoked, suspended, or otherwise subject to disciplinary action?
   If "yes" specify state where action took place. _____

2. Are you presently being investigated or is any disciplinary action presently pending against you relating to your performance as a clinical laboratory professional?
   If "yes" explain below.

Send this completed application and required documents to:

Hawaii State Laboratories Division
Clinical Laboratory Personnel Licensing
2725 Waimano Home Road
Pearl City, HI 96782

If you have any questions, please call (808) 453-6653.

I hereby certify that the foregoing statements are true to the best of my knowledge. Also, I understand that any expenses incurred for taking the examination or for evaluation of my credentials, will be my responsibility and are not part of the license fee.

_____

Signature (in ink) Date