

Other current and valid state licenses

<u>Name of State</u>	<u>License Category</u>	<u>License No.</u>	<u>Date Issued</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Certification

<u>Name of Agency</u>	<u>Category</u>	<u>Registry No.</u>	<u>Date Issued</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

-
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 Has your license in any state or country ever been revoked, suspended, or otherwise subject to disciplinary action?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", please explain:

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

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 or concerns, please call (808) 453-6653.