



STATE OF HAWAII  
 DEPARTMENT OF HEALTH  
 STATE LABORATORIES DIVISION  
 2725 WAIMANO HOME ROAD  
 PEARL CITY, HAWAII 96782

**DO NOT WRITE IN SHADED SECTION**

<input type="checkbox"/> <b>APPROVED</b> Date: _____		<input type="checkbox"/> <b>DISAPPROVED</b> Date: _____	
<b>TYPE OF FEE PAID:</b>	<b>APPLICATION \$25</b>	<b>LICENSE \$ _____</b>	
Check No./Date:	_____	_____	
Receipt No./Date:	_____	_____	

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICATION FOR LICENSURE AS**

**Medical Laboratory Technician  
 (Clinical Laboratory Technician)**

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: ( ) \_\_\_\_\_

City State Zip Code -BUSINESS: ( ) \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

<u>Academic EDUCATION</u>	<u>NAME &amp; LOCATION</u>	<u>YEARS ATTENDED</u>	<u>MAJOR OR MINOR</u>	<u>DEGREE/DATE RCVD.</u>
High School	_____	_____	_____	_____
Training or Technical School	_____	_____	_____	_____
College or University	_____	_____	_____	_____

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

<u>Employer's Name</u>	<u>Address</u>	<u>Position Title</u>	<u>Date of Employment From - To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Has your license in any state or country ever been revoked, suspended, or otherwise subject to disciplinary action?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

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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.

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Signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_