



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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Has your license in any state or country ever been revoked, suspended, or otherwise subject to disciplinary action?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

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