

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 Has your license in any state or country ever been revoked, suspended, or otherwise subject to disciplinary action?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

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 _____