ASCP BOC

ASCP
BOARD OF
CERTIFICATION

State Licensure Instructions and Application

NOTE: This application form is for state licensure ONLY. If you wish to apply for ASCP certification AND state licensure, you must complete the certification application form.

Step 1: Licensure Examination Category:

Select the licensure category you are applying for. You must first apply for state licensure.

CA - CALIFORNIA

Category	Description	Price
MLT	Medical Laboratory Technician	$200
PBT	Phlebotomy	$135
C	Chemistry	$225
M	Microbiology	$225
MLS	Clinical Laboratory Scientist/Medical Laboratory Scientist	$225
MB	Molecular Biology	$225
CG	Cytogenetics	$225
BB	Blood Banking	$225
H	Hematology	$225
SBB	Specialist in Blood Banking	$275
SC	Specialist in Chemistry	$275
SH	Specialist in Hematology	$275
SM	Specialist in Microbiology	$275

Unique California identification number required.

NY - NEW YORK

Category	Description	Price
MLT	Medical Laboratory Technician	$220
CT	Cytotechnologist	$245
MLS	Clinical Laboratory Technologist/Medical Laboratory Scientist	$245
HT	Histotechnician	$220

Step 2: Personal Information

Customer ID *(Required)*

If you have a record with the ASCP/Board of Certification with an eight digit Customer ID number, enter it in the space provided. If you do not have a record, go to www.ascp.org/services and follow the instruction for "create a record." You will receive an eight digit Customer ID number to enter in the space provided.

Social Security Number

Enter the last four digits of your social security number in the space provided. If you are Canadian, DO NOT include your social insurance number. Leave the space blank.

Daytime Telephone Number *(Required)*

Enter a telephone number where you can be contacted during regular business hours, including area code and extension. Indicate home, office or cell.

Last Name, First Name, Middle Initial *(Required)*

Print your full name in the space provided. Your first and last name, as printed on the application form, must match your name on your valid driver's license and identification.

Email Address *(Required if available)*

Indicate your email address in the space provided. Please print clearly.

Street Address, City, State, Zip Code *(Required)*

Enter your complete mailing address.

Step 3: Previous ASCP certification:

Check "NO" or "YES. If you were previously certified by the ASCP Board of Certification, indicate the category and the certification number as shown:

Category | M | L | S | Certification Number | 1 | 2 | 3 | 4 | 5 | 6 |

Step 4: Release Authorization:

Sign the authorization to release your examination scores to the appropriate state licensing authority.

Step 5: Review Application:

Review the information you have provided in each section of the application. Is it accurate and complete? If the application is complete, read the pledge and **sign and date the application. Unsigned applications will be returned to you.**

Have you included the appropriate application fee?

An application fee must be included with your application form. All fees must be submitted by check or money order in U.S. currency **(DO NOT SEND CASH)**. Make checks payable to "Board of Certification." The ASCP Board of Certification will not accept post-dated checks. **Application fees are non-refundable.**

Your Application will be returned to you if it is not accompanied by a fee. Purchase Orders or Vouchers will not be accepted for application fees. A check or money order must accompany the application form. **Faxed applications will not be accepted.**

Mailing Addresses

Applications and application fees **MUST** be mailed using the **UNITED STATES POSTAL SERVICE REGULAR MAIL ONLY. DO NOT** send applications and fees by Fax, Federal Express, UPS, Express Mail, Certified or Registered Mail or any overnight courier service or any other express mail service. **Applications and application fees using express mail service WILL NOT reach the BOC office.**

Application/Fee with documentation (UNITED STATES POSTAL SERVICE REGULAR MAIL ONLY):

Board of Certification
3335 Eagle Way
Chicago, IL 60678-1033

You may also apply online with a Credit Card.

For Multiple Application Fees:
If multiple applications are being sent with one check, DO NOT use the above address. Contact www.ascp.org/bocfeedback for mailing instructions.

General Correspondence and Transcripts WITHOUT checks or money order:

ASCP Board of Certification
33 W. Monroe Street, Suite 1600
Chicago, IL 60603

Should you have questions, or if any of the information on the completed application form changes, please contact the ASCP Board of Certification office at 312-541-4999, or via e-mail at www.ascp.org/bocfeedback.

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State Licensure Application

If you wish to apply for state licensure and ASCP certification, do not complete this application form. For certification and licensure you must complete the certification application form.

Step 1: Licensure Examination Category

You must enter the appropriate initials in the box:

L I C - State ☐☐ Category ☐☐☐

CA - California or
NY - New York

☐☐☐☐☐☐ California ID number (Required for California licensure)

Amount Submitted $_____

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General Correspondence and Transcripts WITHOUT checks, money order: ASCP **Board of Certification**, 33 W. Monroe Street, Suite 1600, Chicago, IL 60603

Step 2: Personal Information *(Fill out completely. Print plainly in black ink.)*

Birth Date (Required for identification purposes) ☐☐☐☐☐☐☐☐ (mm/dd/yyyy)

Customer ID (Required) ☐☐☐☐☐☐☐☐

Daytime Phone Number (Required) ☐☐☐ – ☐☐☐ – ☐☐☐☐

Last 4 digits of U.S. Social Security Number ☐☐☐☐

☐ Home ☐ Office ☐ Cell

Last Name (as it appears on your identification)

First Name (as it appears on your identification)

Middle Initial

Maiden Name (if applicable)

Email Address (Required)

Home Address

City

State

Zip Code ☐☐☐☐☐ – ☐☐☐☐

Country (if foreign)

Gender (Required)
☐ F – Female ☐ M – Male

Step 3: Indicate Category and Certification Number if previously certified

Previously certified by ASCP? ☐ No ☐ Yes

Category ☐☐☐ Certification Number ☐☐☐☐☐☐

Step 4: Release Authorization

I am authorizing the ASCP Board of Certification to release my examination scores, pass or fail, to the appropriate state licensing authority.

Applicant's Signature

Date

Step 5: Pledge *(Required)*

By submitting and signing this application, I acknowledge that this application will be reviewed and processed, and that an evaluation will be conducted in accordance with the rules and policies adopted by the Board of Certification. I agree to hold harmless the members, examiners, officers and agents of the Board of Certification from any and all actions that they may take, or refrain from taking, pursuant to such rules and policies.

I certify that all information contained in this application, as well as any information that I submit in support of this application, is true and correct to the best of my knowledge and belief. I authorize representatives of the Board of Certification to verify the accuracy of any information contained in, or supplied in support of, this application from any person or persons having knowledge of such information. I recognize that admission to take the licensure examination, if granted, is based on the correctness of the information contained in, and supplied in support of, this application.

I further recognize that admission to take the licensure examination, may be revoked at any time, and that I may be barred from admission to take future licensure examinations, if it is established that the information contained in, or supplied in support of, this application is inaccurate in any material respect, if I engage in any inappropriate conduct during the examination (such as giving or obtaining unauthorized information or aid).

I understand that this examination and all test questions are the exclusive property of the Board of Certification and are protected by copyright law. Because of the confidential and proprietary nature of these copyright materials, I agree not to retain, copy, or disclose or reveal any part of these examination materials, unless previously authorized in writing by the Board of Certification.

Applicant's Signature *(Required)* Date