



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. Enter the initials:

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| CA Medical Laboratory Technician (CMLT) | \$165 |
| CA Chemistry (LC) | \$200 |
| CA Microbiology (LM) | \$200 |
| CA Medical Technologist/Clinical Laboratory Scientist (CMT) | \$200 |

If California, indicate your unique CA identification number.

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| NY Medical Laboratory Technician (LMLT) | \$195 |
| NY Cytotechnologist (LCT) | \$220 |
| NY Medical Technologist/Clinical Laboratory Technologist (LMT) | \$220 |

Step 2: Payment information:

Enclose a check/money order OR if you are paying by credit card, be sure to completely fill in that section. Please **DO NOT** fax the application form if you filled out the credit card information.

Step 3: Personal Information:

- **Social Security Number**
Enter your 9-digit 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 or office.
- **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 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 4: Previous ASCP certification:

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

Category Certification Number

Step 5: Release Authorization:

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

Step 6: 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 or credit card information?

Applications without fees or credit card information will be returned and will not be processed. Post-dated checks will be returned with your application.

Application fees are non-refundable. (Review Step 1)

Mail the completed application form and the application fee, check or money order, made payable to the ASCP Board of Registry, OR provide credit card information and mail the application to:

ASCP Board of Registry
3335 Eagle Way
Chicago, IL 60676-1033

Do not send applications, fees or credit card payments by Fax, Federal Express, Express Mail, Certified or Register Mail.

Should you have questions, or if any of the information on the completed application form changes, please contact the ASCP Board of Registry office at 312-541-4999, or via email at bor@ascp.org.

