Biggs Laboratory Wadsworth Center NYS Department of Health Empire State Plaza Albany, New York 12237

| FOR OFFICE USE ONLY |
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| Received |
| Entered |
| NYS Registration No |
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INITIAL APPLICATION CYTOTECHNOLOGIST REGISTRATION

Please type or print the information requested below and return to the address printed above.

SECTION I - GENERAL INFORMATION

| SOCIAL SECURITY # (Required under NYS Tax Law - See Instructions) | | | | | | | | | | | | | |
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| FIRST NAME | | | | | | | | MI | | | | | |
| LAST NAME | | | | | | | | | | | | | |
| ANY OTHER NAME YOU | ARE KNOWN BY | (| | | | | | | | | | | |
| HOME ADDRESS | | | | | | | | | | | | | |
| CITY | | | | | | | | | | | | | |
| STATE ZIP CODE | | | | | | | | | | | | | |
| ASCP REGISTRY NUMBER C T - YEAR OBTAINED | | | | | | | | | | | | | |
| YEARS OF EXPERIENCE FULL TIME PART TIME | | | | | | | | | | | | | |
| OTHER REGISTRY NUM | BER | | | ΥE | AR OBT | AINED | | | | | | | |

SECTION II - CYTOTECHNOLOGIST EDUCATION

| NAME OF COLLEGE | | | | | | | | | | | | | | | | | | | | |
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| ADDRESS | | | | | | | | | | | | | | | | | | | | |
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| YEAR GRADUATED | | | | | | | | | | | | | | | | | | | | |

**NEW REGISTRANTS MUST ALSO SEND A COPY OF THE DIPLOMA OR CERTIFICATE FROM HIS/HER CYTOTECHNOLOGY TRAINING PROGRAM.

<u>SECTION III – CYTOTECHNOLOGIST EMPLOYMENT</u>

PFI, name, address, your hours and days of employment and employment status: LABORATORY PFI NAME OF FACILITY **ADDRESS** CITY STATE ZIP CODE START DATE (MM/DD/YY) Your working days and hours at this facility: MON ___to___ TUE ___to___ WED ___to___ THUR ___to___ FRI ___to___ SAT ___to___ SUN ___to___ **EMPLOYMENT STATUS FULL-TIME** PART-TIME PER DIEM ACKNOWLEDGEMENT: I HAVE RECEIVED AND READ SECTIONS 58 - 1.12 AND 58 - 1.13 OF 10 NYCRR AND AM AWARE OF THE REQUIREMENTS OF REGISTRATION. FURTHER, UNDER THE PENALTIES OF PERJURY, I DECLARE AND AFFIRM THAT THE STATEMENTS MADE IN THIS APPLICATION, INC LUDING ACCOMPANYING STATEMENTS AND TRANSCRIPTS, ARE TRUE, COMPLETE AND CORRECT. I FURTHER UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IN, OR IN CONNECTION WITH MY APPLICATION MAY BE CAUSE FOR DENIAL OR REVOCATION OF MY REGISTRATION.

DATE

If currently employed at a laboratory applying for or holding a New York State permit, please provide the facility's

SIGNATURE OF APPLICANT