

New York State Department Of Health
Clinical Laboratory Evaluation Program
Wadsworth Center
Empire State Plaza, P.O. Box 509
Albany, NY 12201-0509
Phone: 518-485-5378
Fax: 518-485-5414
E-mail clep@health.ny.gov

INITIAL APPLICATION - CYTOTECHNOLOGIST REGISTRATION INSTRUCTIONS

NEW registrants must complete the initial application and **send a copy of the diploma or certificate from his/her cytotechnology training program.**

GENERAL INFORMATION:

This form must be completed and filed within one week of your employment start date.

- * This completed form must be submitted to the Clinical Laboratory Evaluation Program via fax (518-485-5414) or email (clep@health.ny.gov).
- * Please indicate any other name by which you were known in SECTION I.
- * Social Security numbers are required under Section 5 of the New York State Tax Law, Chapter 295 of the Laws of 1987. Failure to provide this information will not delay your registration; however, this Department is required to report your refusal to the Department of Taxation and Finance.
- * Please be sure to include your employer's Permanent Facility Identifier (PFI) on page 4 of this application. If you work at a laboratory that does not currently hold a New York State Clinical Laboratory permit, please write "NONE" in this area.
- * A SEPARATE FORM MUST BE SUBMITTED FOR EACH EMPLOYER.

NOTE:

- * ALWAYS INCLUDE YOUR SOCIAL SECURITY NUMBER ON ALL CORRESPONDENCE.
- * Please keep these instructions and a copy of the completed application for your records.
- * Additional forms may be obtained on our website, www.wadsworth.org/regulatory/clep