

**CLINICAL LABORATORY PERSONNEL
QUALIFICATIONS / INSTRUCTIONS**

(Feb. 1, 2015)

Note: notarized documents must be signed in the presence of a notary.

Oath or Affirmation

This form must be notarized. All yes answers must be accompanied by a sworn affidavit. A sworn affidavit is an explanation (in applicant's own words) that must be typed and notarized. **NOTE: If criminal history is found that you did not disclose, you will be required to submit a new Oath or Affirmation, a notarized affidavit as to why you did not disclose the information and a new processing fee equal to the initial licensure fee. It is important that you answer question 3 accurately and truthfully. Do not take the advice of friends, lawyer, etc.**

Third Party Authorization

This form must be notarized. It authorizes the LSBME to obtain information concerning the applicant from third parties.

Fees

Fees must be paid via check or money order only. Fees are non-refundable and must be submitted with application.

Generalists, Specialists, Technicians and Cytotechnologists

Licensure \$65.00

Temporary License \$65.00 - issued for 6 months to recent graduates who are scheduled to take an approved certification exam.

Trainee License \$65.00 - issued to clinical lab students who work under supervision while in school or to returning practitioners who have not been engaged in clinical laboratory practice for 10 years.

Lab Assistants

Licensure \$40.00

Trainee License \$40.00 - issued to lab employees preparing for competency assessment or to returning practitioners who have not been engaged in clinical laboratory practice for 10 years.

Phlebotomists

Licensure \$40.00

Temporary License \$40.00 - issued for 6 months to recent graduates who have registered to take an approved examination.

Certificate of Dean/Registrar

All applicants except Lab Assistants - this form must be notarized. Complete Section 1 as directed (a passport quality photo is required) and mail to the school or university that qualified you to sit for the national examination. The school/university must complete Section 2 and mail completed form directly to LSBME. Also request a transcript.

Lab Assistants – this form must be notarized. Complete Section 1 as directed and submit to LSBME with application. Request an official transcript from your high school to be sent directly to LSBME.

Verification of Other Licenses

Other health care related licenses/permits/certificates must be verified. This form can be used for this purpose or contact the licensing authority in every state in which you have ever been licensed for forms/instructions/fees. Verifications must be received by LSBME directly from the issuing state.

Criminal Background Check

LSBME conducts background checks as part of the application process. Instructions can be found on our website or materials can be requested by:

Mail

LSBME, Attn: CBC
PO Box 30250, New Orleans, LA 70190

E-Mail

lsbmeCBC@lsbme.la.gov

Phone

(504) 568-6820

Additional Requirements

- U.S. born citizen - submit a notarized copy of birth certificate
- U.S. citizen not U.S. born - submit notarized copy of proof of citizenship (ie certificate of citizenship or consular report of birth abroad). Naturalized citizen - submit a notarized copy of birth certificate and **original** Certificate of Naturalization.
- Non U.S. citizen - submit a notarized copy of birth certificate and **original** current Visa issued by the U.S. Citizenship and Immigration Services. (Acceptable Visas: H1B, J1, O1, NAFTA-TN or Employment Authorization, or Resident Alien)

Marriage Certificate/Name Change

Application for licensure in a name other than what appears on the applicant's birth certificate requires a notarized copy of official documentation of name change (ie marriage certificate).

Notarization as a "true copy"

Request the notary to notarize a copy of your birth certificate and/or marriage certificate as a "true and correct copy of the original". If the notary will not notarize the document, you can attest that it is a "true and correct copy of the original". The notary can then notarize your signature.

Specific Qualifications and Instructions

CLS-Generalist

§1323. A. Each applicant for licensure as a clinical laboratory scientist-generalist shall meet one of the following requirements:

(1) Possess a baccalaureate degree from an accredited college or university, fulfill the educational requirements necessary to enroll in a school of medical technology, complete one year of full-time clinical laboratory experience, or its equivalent, in an approved school of medical technology, and successfully complete a nationally recognized certification examination, as approved by the board upon recommendation by the committee. The required year of full-time clinical laboratory experience may be included in the curriculum for the baccalaureate degree or may be post-graduate.

(2) Complete the educational, clinical, and employment experience requirements, if any, necessary to be eligible for and successfully complete a nationally recognized certification examination, all of which are approved by the board upon recommendation by the committee.

National Certification (See Examination Contacts)

Licensure applicants

Licensure applicants must have successfully completed a national exam approved by the board. A passing score report must be sent directly from the examination agency to LSBME. Contact the agency for instructions and fee.

Temporary license applicants (recent graduates)

Temporary licenses can be issued to recent graduates who have registered for a certification exam. Confirmation of date of exam must be submitted before a temporary license will be issued. When registering for the examination, request a score report be sent to LSBME or after examination a score report must be ordered and mailed directly from the agency to LSBME. Contact agency for instructions and fee.

Trainee license applicants

Trainee licenses can be issued to students who work under supervision while in school or to returning practitioners who have not been engaged in clinical laboratory practice for 10 years. A letter from the program, lab or hospital must be submitted verifying prospective training dates.

CLS-Specialist

§1323. B. Each applicant for licensure as a clinical laboratory scientist-specialist shall possess a doctoral, master, or baccalaureate degree from an accredited college or university with a major in one of the chemical, physical, or biological sciences and shall complete the educational, clinical, and employment experience requirements, if any, necessary to be eligible for and successfully complete a nationally recognized certification examination in a laboratory specialty, all of which are approved by the board upon recommendation by the committee.

National Certification (See Examination Contacts)

Licensure applicants

Licensure applicants must have successfully completed a national exam approved by the board. A passing score report must be sent directly from the examination agency to LSBME. Contact the agency for instructions and fee.

Specialist Cont'd.

Temporary license applicants (recent graduates)

Temporary licenses can be issued to recent graduates who have registered for a certification exam. Confirmation of date of exam must be submitted before a temporary license will be issued. When registering for the examination, request a score report be sent to LSBME or after examination a score report must be ordered and mailed directly from the agency to LSBME. Contact agency for instructions and fee.

Trainee license applicants

Trainee licenses can be issued to students who work under supervision while in school or to returning practitioners who have not been engaged in clinical laboratory practice for 10 years. A letter from the program, lab or hospital must be submitted verifying prospective training dates.

CLS-Technician

§1323. C. Each applicant for licensure as a clinical laboratory scientist-technician shall meet one of the following requirements:

(1) Successfully fulfill the requirements of an accredited educational program for an associate degree in clinical laboratory science and successfully complete a nationally recognized certification examination approved by the board upon recommendation by the committee.

(2) Complete the educational, clinical, and employment experience requirements, if any, necessary to be eligible for and successfully complete a nationally recognized certification examination, all of which are approved by the board upon recommendation by the committee.

National Certification (See Examination Contacts)

Licensure applicants

Licensure applicants must have successfully completed a national exam approved by the board. A passing score report must be sent directly from the examination agency to LSBME. Contact the agency for instructions and fee.

Temporary license applicants (recent graduates)

Temporary licenses can be issued to recent graduates who have registered for a certification exam. Confirmation of date of exam must be submitted before a temporary license will be issued. When registering for the examination, request a score report be sent to LSBME or after examination a score report must be ordered and mailed directly from the agency to LSBME. Contact agency for instructions and fee.

Trainee license applicants

Trainee licenses can be issued to students who work under supervision while in school or to returning practitioners who have not been engaged in clinical laboratory practice for 10 years. A letter from the program, lab or hospital must be submitted verifying prospective training dates.

Cytotechnologist

§1323. D. Each applicant for licensure as a cytotechnologist shall meet one of the following requirements:

(1) Possess a baccalaureate degree from an accredited college or university, fulfill the educational requirements necessary to enroll in a school of cytotechnology, complete one full year of full-time cytotechnology experience or its equivalent in an approved school of cytotechnology, and successfully complete a nationally recognized certification examination, as approved by the board upon recommendation by the committee. The required year of full-time cytotechnology experience may be included in the curriculum for the baccalaureate degree or may be post-graduate.

(2) Complete the educational, clinical, and employment experience requirements necessary to be eligible for and successfully complete a nationally recognized certification examination, all of which are approved by the board upon recommendation by the committee.

National Certification (See Examination Contacts)

Licensure applicants

Licensure applicants must have successfully completed a national exam approved by the board. A passing score report must be sent directly from the examination agency to LSBME. Contact the agency for instructions and fee.

Cytotechnologist Cont'd.

Temporary license applicants (recent graduates)

Temporary licenses can be issued to recent graduates who have registered for a certification exam. Confirmation of date of exam must be submitted before a temporary license will be issued. When registering for the examination, request a score report be sent to LSBME or after examination a score report must be ordered and mailed directly from the agency to LSBME. Contact agency for instructions and fee.

Trainee license applicants

Trainee licenses can be issued to students who work under supervision while in school or to returning practitioners who have not been engaged in clinical laboratory practice for 10 years. A letter from the program, lab or hospital must be submitted verifying prospective training dates.

Laboratory Assistant

§1323. E

(1) Each applicant for licensure as a laboratory assistant shall, at a minimum, possess a high school diploma or its equivalent and document training as evidence of competency in basic laboratory science. Prior to a laboratory assistant performing a moderate complexity test, he shall document to his employer or laboratory director evidence of competency and training appropriate for that specific testing. Any documentation which satisfies the corresponding qualifications of the Clinical Laboratory Improvement Amendments of 1988 shall satisfy the documentation requirement of this Section.

(2) Such demonstration of competency, at a minimum, shall include documentation of training appropriate for the testing performed prior to analyzing patient specimens. Such training shall ensure that the individual applicant has all of the following:

- (a) The skills required for proper specimen collection, including patient preparation, if applicable, labeling, handling, preservation or fixation, processing or preparation, transportation and storage of specimens.
- (b) The skills required for implementing all standard laboratory procedures.
- (c) The skills required for performing each test method and for proper instrument use.
- (d) The skills required for performing preventive maintenance, troubleshooting and calibration procedures related to each test performed.
- (e) A working knowledge of reagent stability and storage.
- (f) The skills required to implement the quality control policies and procedures of the laboratory.
- (g) An awareness of the factors that influence test results
- (h) The skills required to assess and verify the validity of patient test results through the evaluation of quality control sample values prior to reporting patient test results.

(3) The committee and the board, upon good cause shown, may request a copy of the documentation of training appropriate for the performance of moderate complexity laboratory testing to be furnished by a laboratory assistant's employer or laboratory director.

High School Transcript

A certified copy of high school transcript (or documentation of graduation from the Louisiana Department of Education) must be mailed from the high school directly to LSBME.

Competency Checklist

Submit checklist to Medical Director or Laboratory Directory (CLS-Generalist) for verification of competency. The completed form must be returned directly to LSBME. You do not need to complete this form if you have successfully completed a national exam approved by the board (see Examination Contacts). If nationally certified, a score report must be sent directly from the examination agency to LSBME. Contact agency for instructions and fee.

Trainee license

Trainee license are issued to lab employees preparing for competency assessment or to returning practitioners who have not been engaged in clinical laboratory practice for 10 years. Submit a letter from the program, lab or hospital verifying prospective training dates. During the training period, a trainee may not report lab results.

Phlebotomist

§1323. F. Each applicant for certification as a phlebotomist shall meet one of the following requirements:

(1) Fulfill the educational, clinical and employment experience requirements, if any, necessary to be eligible for and successfully complete a nationally recognized certification examination, all of which are approved by the board upon recommendation by the committee.

(2) Successfully fulfill the requirements of a training program as a phlebotomist approved by the board upon recommendation of the committee and successfully complete a certification examination approved or written and administered by the board and the committee.

Phlebotomist Con't

National Certification (See Examination Contacts)

Licensure applicants

Licensure applicants must have successfully completed a national exam approved by the board. A passing score report must be sent directly from the examination agency to LSBME. Contact the agency for instructions and fee.

Temporary license applicants (recent graduates)

Temporary licenses can be issued to recent graduates who have registered for a certification exam. Confirmation of date of exam must be submitted before a temporary license will be issued. When registering for the examination, request a score report be sent to LSBME or after examination a score report must be ordered and mailed directly from the agency to LSBME. Contact agency for instructions and fee.

Other Information

Address

LSBME, 630 Camp Street, New Orleans, LA 70130

Verification of Application/Licensure Status

Visit our website www.lsbme.la.gov >Verifications>On-Line Verification to verify application status. Search by first and last name only. Click on name for details.

Communication with the Board

Questions –contact the CLAB department at (504) 680-6820 x 118 or nhull@lsbme.la.gov.

Communication from the Board

After an application is received and reviewed, applicants will receive a deficiency report via e-mail (or by regular mail if requested); therefore, it is the applicant's responsibility to check their e-mail and to keep their e-mail address current with LSBME. The deficiency report will list what is outstanding from the applicant's file at the time of submission.

Examination Contacts for Clinical Laboratory Personnel (Revised 2/14/2012)

CLS-Generalist

American Association of Bioanalysts
906 Olive Street, Ste 1200
Saint Louis, MO 63101
Phone: 314-241-1445
Fax: 314-241-1449
Website: www.aab.org

American Medical Technologists
10700 West Higgins Road
Rosemont, IL 60018
Phone: 800-275-1268/847-823-5169
Fax: 847-823-0458
Website: www.amtl.com

American Society for Clinical Pathology
33 West Monroe St, Ste 1600
Chicago, IL 60603
Phone: 800-267-2727
Fax: 314-541-4845
Website: www.ascp.org

National Credentialing Agency
18000 W 105th Street
Olathe, KS 66061
Phone: 913-438-5110 ext. 4647
Fax: 913-599-5340
Website: www.nca-info.org

CLS-Specialist

American Board of Bioanalysis
906 Olive Street, Ste 1200
Saint Louis, MO 63101
Phone: 314-241-1445
Fax: 314-241-1449
Website: www.aab.org click on ABB

American Board of Clinical Chemistry
1850 K Street NW, Ste 625
Washington, DC 20006
Phone: 202-835-8727
Fax: 202-887-5093
Website: <http://apps.aacc.org/abcc>

American Board of Forensic Toxicology
410 North 21st Street
Colorado Springs, CO 80904
Phone: 719-636-1100
Fax: 719-636-1993
Website: www.abft.org

American Board of Histocompatibility and Immunogenetics
P. O. Box 19173
Lenexa, KS 66285-9173
Phone: 913-541-0009
Fax: 913-599-5340
Website: www.ashi-hla.org/abhi

American Board of Medical Genetics
9650 Rockville Pike
Bethesda, MD 20844
Phone: 301-634-7316
Fax: 301-634-7320
Website: www.abmg.org

CLS-Specialist (Cont'd)

American Society for Clinical Pathology
33 West Monroe St, Ste 1600
Chicago, IL 60603
Phone: 800-267-2727
Fax: 314-541-4845
Website: www.ascp.org

National Credentialing Agency
18000 W 105th Street
Olathe, KS 66061
Phone: 913-438-5110 ext. 4647
Fax: 913-599-5340
Website: www.nca-info.org

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American Association of Bioanalysts
906 Olive Street, Ste 1200
Saint Louis, MO 63101
Phone: 314-241-1445
Fax: 314-241-1449
Website: www.aab.org

American Medical Technologists
10700 West Higgins Road
Rosemont, IL 60018
Phone: 800-275-1268/847-823-5169
Fax: 847-823-0458
Website: www.amtl.com

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33 West Monroe St, Ste 1600
Chicago, IL 60603
Phone: 800-267-2727
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18000 W 105th Street
Olathe, KS 66061
Phone: 913-438-5110 ext. 4647
Fax: 913-599-5340
Website: www.nca-info.org

Cytotechnologist

American Society for Clinical Pathology
33 West Monroe St, Ste 1600
Chicago, IL 60603
Phone: 800-267-2727
Fax: 314-541-4845
Website: www.ascp.org

Laboratory Assistant

American Medical Technologists
10700 West Higgins Road
Rosemont, IL 60018
Phone: 800-275-1268/847-823-5169
Fax: 847-823-0458
Website: www.amtl.com

Phlebotomist

American Certification Agency
PO Box 58
Oscola, IN 46561
Phone: 574-277-4538
Fax: 574-277-4624
Website: www.accert.com

American Medical Certification Association
194 Route 46 East
Fairfield, NJ 07004
Phone: 888-960-2622
Fax: 973-582-1801
Website: www.amcaexams.com

American Medical Technologists
10700 West Higgins Road
Rosemont, IL 60018
Phone: 800-275-1268/847-823-5169
Fax: 847-823-0458
Website: www.amtl.com

American Society for Clinical Pathology
33 West Monroe St, Ste 1600
Chicago, IL 60603
Phone: 800-267-2727
Fax: 314-541-4845
Website: www.ascp.org

American Society of Phlebotomy Technicians
P. O. Box 1831
Hickory, NC 28603
Phone: 828-294-0078 Msg line
Fax: 828-327-2969

International Academy of Phlebotomy Sciences
629 D' Lyn Street
Columbus, OH 43228
Phone: 614-878-7751

National Allied Health Test Registry-Division
of Nation Association for Health Professionals
124 S Elm, PO Box 459
Gardner, KS 66030
Phone: 913-884-5744

National Center for Competency Testing
7007 College Blvd Ste 250
Overland Park, KS 66211
Phone: 913-498-1000/800-875-4404
Fax: 913-498-1243

National Credentialing Agency
18000 W 105th Street
Olathe, KS 66061
Phone: 913-438-5110 ext. 4647
Fax: 913-599-5340
Website: www.nca-info.org

National Healthcareer Association
7500 West 160th Street
Stilwell, KS 66085
Phone: 800-499-9092
Fax: 973-678-7305

National Phlebotomy Association
1901 Bright Seat Road
Landover, MD 20785
Phone: 301-386-4200
Fax: 301-386-4203
Website: www.nationalphlebotomy.org

Louisiana State Board of Medical Examiners

Clinical Laboratory Personnel Initial Licensure Application

Licensure Category - Check one of the following: <input type="checkbox"/> CLS Generalist <input type="checkbox"/> CLS Specialist <input type="checkbox"/> CLS Technician <input type="checkbox"/> Cytotechnologist <input type="checkbox"/> Laboratory Assistant <input type="checkbox"/> Phlebotomist	Licensure Type - Check one of the following: <input type="checkbox"/> Full <input type="checkbox"/> Temporary <input type="checkbox"/> Trainee Licensure Status - Check one of the following: <input type="checkbox"/> Initial license <input type="checkbox"/> Reinstatement
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FILL IN ONLINE PRIOR TO PRINTING

Name: First		Middle		Last		Suffix (Jr, Sr)	
List all other names under which you have ever been known:							
Social Security Number		Driver's License Number and State			E-mail Address		
Marital Status		Spouse's Full Name			Cell Phone #		
Sex	Height	Weight	Eyes	Hair	Race	Physical Marks	

ADDRESSES

Home Address (mailing)	Street & Number		City	State
	Zip	Parish (if in LA)	Telephone (area code)	
Preferred Mailing (if other than above)	Street & Number		City	State
	Zip	Parish (if in LA)	Telephone (area code)	
Business Address Public Address (will be posted on LSBME website)	Name of Business			
	Street & Number		City	State
	Zip	Parish (if in LA)	Telephone (area code)	

BIRTH/LEGAL AUTHORITY TO WORK IN THE U.S.

Date of Birth	Place (City/State/Country)	Are you a U.S. citizen?
If not a native born U.S. citizen, provide the following information:		
If naturalized: Certificate number		INS number
Petition number	Date issued	District court through which issued
If immigrant: Type of Visa		

MILITARY SERVICE

U.S. Active Duty <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Dates Served	Type of Discharge
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EDUCATION Copy this page if more space is needed.

High School		College/University		
City, State		City, State		
Mo/Yr Started	Mo/Yr Graduated	Mo/Yr Started	Mo/Yr Ended	Degree Earned

College/University		College/University			
City, State		City, State			
Mo/Yr Started	Mo/Yr Ended	Degree Earned	Mo/Yr Started	Mo/Yr Ended	Degree Earned

WORK HISTORY and NON PROFESSIONAL ACTIVITY Copy this page if more space is needed.

Account for all time for the ten years preceding your application including any periods of unemployment				
From Month/Year	To Month/Year	Location City/State	Employer	Job Title

CERTIFICATION

List date and result of each exam attempt. Failures must be disclosed. Scores must be sent from certifying agency directly to LSBME.			
Date	Result - Pass/Fail	Expected exam date (if recent graduate)	Name of Certifying Agency

OTHER LOUISIANA LICENSES

Have you ever held a healthcare related license in the State of Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No.
If yes, what type of license _____ License # _____

OTHER STATE LICENSES

Have you ever held a healthcare related license (permit, or certification, permanent or temporary) in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide information listed below. Attach separate page if necessary. Verification of each health care related license is required				
State	Type of License	License #	Issue Date	Expiration Date

By signing this document I certify that all information on this form is truthful and authentic.

Printed Name: _____ Social Security #: _____

Signature: _____ Date: _____

What is your preferred method of written communication? E-Mail Address Mailing Address

Louisiana State Board of Medical Examiners

Oath or Affirmation - INITIAL LICENSURE - Allied Health Personnel

NOTE: Yes answers must be explained in an affidavit (a typed, notarized explanation in your own words).

		Yes	No
1	In the 5 years prior to this application have you had any physical injury or disease or mental illness or impairment, which could reasonably be expected to affect your ability to practice medicine or other health profession?	<input type="checkbox"/>	<input type="checkbox"/>
2	In the 5 years prior to this application have you been referred to or obtained treatment for a substance abuse disorder including alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you EVER been arrested (cited, charged with, convicted of or pled guilty or nolo contendere) to a violation of any municipal, state or federal statute? Include any that have been expunged or judicially removed for any reason. (You do not have to report misdemeanor traffic offenses or traffic ordinance violations unless they involve alcohol or drugs).	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you failed a professional licensure or certification examination?	<input type="checkbox"/>	<input type="checkbox"/>
5	Has your application for any professional license, certificate, or registration been denied by any state licensing board or federal authority?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you hold any professional licenses, certificates, or registrations which have been the subject of investigation or revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, (including remediation and /or non-disciplinary sanctions) by any state licensing board or federal authority?	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you voluntarily surrendered any professional license, or agreed with any licensing authority not to seek re-licensure in order to avoid disciplinary action, investigation or inquiry?	<input type="checkbox"/>	<input type="checkbox"/>
8	Were you the subject of an inquiry or investigation by any hospital, clinic, or other health care institutions?	<input type="checkbox"/>	<input type="checkbox"/>
9	Were you the subject of disciplinary action, placed on academic probation, or asked to undergo additional training or remediation during your education/training for licensure?	<input type="checkbox"/>	<input type="checkbox"/>
10	Has your membership in a professional society been revoked, suspended, or disciplined or have you resigned membership while under investigation	<input type="checkbox"/>	<input type="checkbox"/>
11	In the 10 years prior to this application have any malpractice claims been settled by you or on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>
12	Has any court determined you are currently in violation of a court's judgment or order for the support of dependent children?	<input type="checkbox"/>	<input type="checkbox"/>

OATH OR AFFIRMATION OF APPLICANT

I HEREBY SWEAR OR AFFIRM:

- That all statements made and information provided in or with this application are true, correct and complete.
- That I am the person named in the credentials herewith presented and that I am the original and lawful possessor of such documents.
- That the photograph submitted to LSBME is a true likeness of me and that it was taken within the last 60 days.
- That in consideration of the issuance to me of a license/certificate to practice in Louisiana, I swear that I shall observe, abide by and uphold the laws of the State of Louisiana governing my practice and that I shall abstain from unethical, deceptive and fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and that
I shall not associate professionally with nor become a partner or employee of any person who resorts to such practices.
- I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said license/certificate and surrender of the rights and privileges accorded me there under.
- I have not, prior to or during the pendency of an application to the board, been guilty of any act, omission, condition, or circumstance which would provide legal cause under R.S. 37:1285 for the suspension or revocation of license.
- I have not, prior to or in connection with his application, made any representation to the board, knowingly or unknowingly, which is in fact false or misleading as to a material fact or omits to state any fact or matter that is material to the application.
- I have not made any representation or failed to make a representation or engaged in any act or omission which is false, deceptive, fraudulent, or misleading in achieving or obtaining any of the qualifications for a license or permit required by this Chapter.

Signed _____ SS#: _____

Printed _____
Full Name

Subscribed and sworn to before me this _____ day of _____ year _____

Signed _____ My commission expires _____

Printed _____
NOTARY PUBLIC

Louisiana State Board of Medical Examiners

THIRD PARTY AUTHORIZATION

I understand and acknowledge that the submission of an application to, as well as the acceptance or maintenance of, any license, permit, certificate and/or registration (hereinafter referred to as a "license") issued by the Louisiana State Board of Medical Examiners (the "Board") shall constitute and operate as a perpetual authorization by me to each educational institution at which I have matriculated, each state or federal agency to which I have applied for any license, permit, certificate and/or registration, each person, firm, corporation, clinic, office or institution by whom or with whom I have been employed in the practice of medicine or as an allied health professional, each physician or other health care practitioner whom I have consulted or seen for diagnosis or treatment and each professional organization or specialty board to which I have applied for membership, to disclose and release to the Board any and all information and documentation concerning me which the Board may deem material to the consideration of my initial application and during such period as I may hold or maintain a license. With respect to any such information or documentation, the submission of an application to or the acceptance or maintenance of a license from the Board shall equally constitute and operate as a consent by me to the disclosure and release of such information and documentation and as a waiver by me of any privilege or right of confidentiality which I would otherwise possess with respect thereto.

By submitting an application or accepting or maintaining a license issued by the Board, I shall be deemed to have given my consent to submit to physical or mental examinations if, when and in the manner so directed by the Board and to have waived all objections as to the admissibility or disclosure of findings, reports or recommendations pertaining thereto on the grounds of privileges provided by law. I acknowledge that the expense of any such examination shall be borne by me.

The submission of an application or the acceptance or maintenance of a license from the Board shall also constitute and operate as perpetual authorization and consent by me to the Board to disclose and release any information or documentation set forth in or submitted with my application, or which then or at any time thereafter may be obtained by the Board from other persons, firms, corporations, associations or governmental entities, to any person, firm, corporation, association or governmental entity having a lawful, legitimate and reasonable need therefore, including, without limitation, the medical and/or allied health professional licensing, permitting, certifying and/or registering authority of any state; the Federation of State Medical Boards of the United States; professional organizations, associations and societies; the American Medical Association and any component state, county or parish medical society, including but not limited to the Louisiana State Medical Society and component parish societies thereof; the American Osteopathic Association; the Louisiana Osteopathic Medical Association; the Federal Drug Enforcement Agency; the Louisiana Office of Narcotics and Dangerous Drugs, Office of Licensing and Registration, Department of Health and Hospitals; federal, state, county or parish and municipal health and law enforcement agencies and the Armed Services.

I understand that this authorization and consent is valid commencing on the date herein below subscribed and that such will remain in force and effect until and unless I withdraw my application for, or no longer possess or maintain, a license issued by the Board. I also acknowledge that a duplicate of this document may serve as an original.

Printed Name (Full Name): _____

Signature (Full Name): _____

****TO BE SIGNED IN THE PRESENCE OF A NOTARY**

Subscribed and sworn to before me this _____ day

of _____, 20 _____.

Notary Public

Seal

MY COMMISSION EXPIRES: _____



Louisiana State Board of Medical Examiners

P. O. Box 30250, New Orleans, LA 70190-0250

Telephone: (504) 568-6820

Website: www.lsbme.la.gov

CERTIFICATE OF DEAN/REGISTRAR

APPLICANT'S NAME _____

SOCIAL SECURITY NUMBER _____

Section 1: To Applicant

Complete Section 1 before a Notary. Forward this form to your Dean/Registrar for completion.

Recent photograph

Passport quality photograph of Applicant securely affixed. 2" x 2" clear, front view, full face without hat or dark glasses. Full-length photograph, black and white or computer-generated will not be accepted.

Applicant is to sign name across bottom of photograph, partly on photograph and partly upon the page.

Notary is to affix seal directly on photograph.

**Affix Photograph
Here
(follow directions carefully)**

I certify that the photograph is a true likeness of _____ (applicant).

On this the _____ day of _____, 20 _____

Notary Public

My commission expires _____

Section 2: To Dean/Registrar

After completion of this form, return to Louisiana State Board of Medical Examiners, PO Box 30250, New Orleans, LA 70190-0250. DO NOT RETURN TO APPLICANT.

I hereby certify that _____

whose photograph appears above, was awarded, or has completed all requirements for graduation and will be awarded, a _____ degree in (major)

_____ dated _____ / _____ / _____ from this school.

Name of school

Address

City, State, Zip

Signature of Dean/Registrar/Program Director

Printed Name

Title

Date





Louisiana State Board of Medical Examiners

P. O. Box 30250, New Orleans, LA 70190-0250
Telephone: (504) 568-6820

VERIFICATION OF LICENSE

Section 1: To Applicant— Complete Section 1 of this form and forward it to the licensing agency of each state in which you have ever obtained a healthcare related license/certification, whether permanent or temporary. If necessary, this form may be duplicated.

I hereby authorize the licensing agency of the State of _____ to release all information on file concerning me, favorable or otherwise, to the Louisiana State Board of Medical Examiners.

TYPE OR PRINT YOUR FULL NAME

SIGNATURE

LICENSE NUMBER AND DATE ISSUED

ADDRESS

SOCIAL SECURITY NUMBER

CITY, STATE, ZIP CODE

Section 2: THE SECTION BELOW IS TO BE COMPLETED BY THE VERIFYING STATE and returned to the Louisiana State Board of Medical Examiners, P.O. Box 30250, New Orleans, LA 70190-0250. This form is NOT to be returned to the Applicant.

A. This is to certify that the records of the licensing Board of the State of _____ indicate that the above-named individual was issued license/certificate No. _____ dated _____ on the basis of written examination (state name of examination) _____; other basis (please name) _____.

B. If State Board Examination, provide statement of grades or attach hereto.

C. Provide the following:

1. Is this license/certificate current? Yes No Cannot Divulge
2. Is this license/certificate in good standing? Yes No Cannot Divulge
3. Has this individual ever been warned or reprimanded? Yes No Cannot Divulge
4. Has this individual license/certificate ever been revoked? Yes No Cannot Divulge
5. Has this individual license/certificate ever been suspended? Yes No Cannot Divulge
6. Has this individual license/certificate ever been placed on probation? Yes No Cannot Divulge
7. Has this individual license/certificate ever been restricted in any manner? Yes No Cannot Divulge
8. Has this individual ever had any charges filed against him/her? Yes No Cannot Divulge
9. Do you know of any information that may be a discredit to this person? Yes No Cannot Divulge
10. Do your files indicate any derogatory information whatsoever? Yes No Cannot Divulge

REMARKS _____

Date

Signature

Title

BOARD SEAL

Name of licensing agency

Address of licensing agency

NOTE TO BOARD COMPLETING THIS FORM: If answer to 1 or 2 is "No", or 3 through 10 is "Yes", explain and attach certified copies of pertinent material (i.e., Notice of Hearing, Final Decision, Consent Order/Agreement, etc.).