



## REQUEST TO EXTEND TRAINEE REGISTRATION

(Client 6602)

**\$25.00 - payable to the Department of Health**

**Mail to:** Department of Health - Revenue Services - Post Office Box 6330 - Tallahassee, Florida 32399-6330

The following form is to be completed by the Program Directors/Education Coordinators when requesting an extension of the trainee license enrolled in their program. The circumstances in which such requests can be made are provided in Board rule.

**NOTE: Extension may not be granted when the clinical laboratory personnel trainee has completed the training program.**

**PLEASE SELECT THE APPROPRIATE BOX:**

- The approved training program failed to start on the date indicated in the training program's application for approval.
- The trainee withdrew from an approved training program and enrolled again at a later date
- An approved training program ceases to operate after the trainee's registration
- The trainee is unable to complete the approved program requirements prior to the expiration date of the trainee's registration because of extenuating circumstances. **PLEASE EXPLAIN:** \_\_\_\_\_

**1. PROGRAM INFORMATION: (TYPE OR PRINT LEGIBLY IN BLACK INK)**

**PROGRAM NAME:** \_\_\_\_\_

**TP #:** \_\_\_\_\_

**PROGRAM DIRECTOR/EDUCATION COORDINATOR:** \_\_\_\_\_

**2. TRAINEE NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**Trainee License #:** \_\_\_\_\_ **(New) Graduation Date:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
(Street and Number) (Suite Number)

\_\_\_\_\_  
(City) (State) (Zip)

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
(Signature of Program Director/Education Coordinator)

\_\_\_\_\_  
(Date)