

The Florida Board of Clinical Laboratory Personnel will hold a meeting on Tuesday, October 11, 2016, commencing at 9:00 a.m., or shortly thereafter. This meeting will be held at the Department of Health, 4042 Bald Cypress Way, Tallahassee, Florida at meet me number (888) 670-3525, participant code 7342425515, to which all persons are invited to attend. Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

AGENDA

I. CALL TO ORDER (Roll Call):

Carleen P. Van Siclen, MS, MLS (ASCP), Chair
Linda Valdes, MS, MT (ASCP), Vice-Chair
Michele Morgan, D.B.A.
Beatriz E. Montoya, MBA, DMD, BSMT, AMT
Steven G. Shelfer, MT (ASCP)
Yvette McCarter, Ph.D.

II. APPLICANTS PRESENTED FOR BOARD REVIEW:

a. Dominique Kirkland

III. BOARD COUNSEL REPORT

a. 64B3-12.001

IV. ADJOURNMENT

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

MEMORANDUM

TO: Members, Board of Clinical Laboratory Personnel
FROM: Brandi May, Regulatory Supervisor
SUBJECT: Dominique Kirkland
DATE: October 5, 2016

Attached for your review is a copy of the file for the above-referenced applicant. This application was received on July 13, 2016 and is being presented pursuant to information obtained through the application process relating to unlicensed activity. Ms. Kirkland has applied for a Supervisor's License in the area of Generalist. An employment verification form was submitted from Quest Diagnostics, Anchor Diagnostics, and The University of Miami Toxicology Lab reflecting experience in Clinical Chemistry. For Quest, the relevant dates are April 20th, 2007 until May 25, 2009. For Anchor Diagnostics, it reflects December 2015 until present. The University of Miami Lab reflects June 2011 until December 2015. Our records do not show Ms. Kirkland having a Florida License.

The credentialing committee has reviewed Ms. Kirkland's application and has referred the application to the board for full review.

- **Our office is unable to determine if Ms. Kirkland's clinical laboratory experience is acceptable.**

Please review the application and supporting documentation to determine if it meets the requirements of Rule 64B3-5.002, F.A.C.

Thank you for your assistance.

Licensure Information: Not currently licensed.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

October 5, 2016

Dominique Luciana Kirkland
20613 NW 11th Ave
Miami Gardens, FL 33169

Dear Ms. Kirkland:

This letter is to inform you that your application has been reviewed by the Credentialing Committee and has been referred to the full board for review. This decision was based on information obtained during the application process relating to your employment verification.

Your application will be placed on the next available agenda and your appearance is encouraged but is **not required**. You will receive additional information from our office regarding date of the board meeting in which your application will be reviewed.

If you have any questions, please do not hesitate to contact this office at the address below, by telephone (850) 245-4395 or e-mail Brandi.May@flhealth.gov.

Sincerely,

Brandi May
Regulatory Supervisor

Florida Department of Health

Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C07 • Tallahassee, FL 32399-3257
PHONE: (850)245-4355 • FAX: (850) 922-8876



Accredited Health Department
Public Health Accreditation Board

Mission

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Rick Scott

Governor

Celeste Philip, MD, MPH

State Surgeon General

September 13, 2016

MEMORANDUM

TO: Dr. Yvette McCarter, Board of Clinical Laboratory Personnel

FROM: Brandi May, Regulatory Supervisor

SUBJECT: Dominique Kirkland

DATE: September 13, 2016

Attached for your review is a copy of the file for the above-referenced applicant. This application was received on July 13, 2016 and is being presented pursuant to information obtained through the application process relating to unlicensed activity.

Ms. Kirkland has applied for a Supervisor's license in the area of generalist. An employment verification form was submitted from Quest Diagnostics, Anchor Diagnostics, and the University of Miami Toxicology Lab reflecting experience in clinical chemistry. For Quest, the relevant dates are April 20, 2007 until May 25, 2009. For Quest Diagnostics, it reflects December 2015 until present. The University of Miami Lab reflects June 2011 until December 2015. Our records do not show Ms. Kirkland having a Florida license.

- Our office is unable to determine if Ms. Kirkland is considered unlicensed activity.

Please review the application and supporting documentation to determine if it meets the requirements of Rule 64B3-5.003, F.A.C.

Your response is requested by September 21, 2016 to assist us with the board agenda deadline.

- Approve Application
- Full Board Review Requested
- Appearance not required
- Appearance Required

Comments: Work performed at Anchor Diagnostics appears to be unlicensed activity (no current technologist license). Also work at UM's lab does not apply to 5-year experience requirement - not clinical laboratory testing.

Yvette McCarter
Signature

9-20-16
Date

Previous Licensure Information: Not currently licensed.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

September 13, 2016

Dominique Luciana Kirkland
20613 Nw 11th Ave
Miami Gardens, FL 33169

Reference: Florida Licensure Application

Dear Ms. Kirkland:

We have determined your application cannot be approved by Board Staff or Credentialing Committee for the following reason(s):

- Employment Verification

Your application must be presented to the board of to determine your licensure eligibility. The board's discussion will be based on information contained in your application file; you will also be notified when the board will review your file in case you wish to participate in the meeting. By law, an application for licensure must be approved or denied within 90-days of it being deemed complete.

Therefore, the Board Staff or Credentialing Committee has requested that your application and supporting documentation be presented before the board at the next scheduled meeting for further review.

If you accept to waive the 90-day requirement, please check the following and include signature and date. Your response regarding this action is requested by 2 week deadline.

- I waive the 90-day statutory review requirement. I am asking that you schedule my application for review at the next board meeting on meeting date.

Applicant Signature

Date

If you have any questions regarding this matter, please do not hesitate to contact this office at the address below, by telephone (850) 245-4395 or e-mail Brandi.May@flhealth.gov

Sincerely,

Brandi May
Regulatory Supervisor



May, Brandi

From: Dominique Kirkland <dlnkirkland@aol.com>
Sent: Monday, September 26, 2016 2:14 PM
To: May, Brandi
Subject: Correction

I choose not to wave my right and I would like the board to review my application as soon as possible (before December 2nd). Please update.

Thank You,
Dominique L. Kirkland

SUPERVISOR APPLICATION CHECKLIST

FILE # 48495 LICENSE # _____

NAME Dominique Kirkland

BOARD RECEIVED DATE 7/13/10 OPTION 3a

** Troutman*

APPLICATION

- (1054) INITIAL SUPERVISOR
- (3047) ADD SPECIALTY
- (1049) UPGRADE TECHNOLOGIST TO SUPERVISOR
- (1045) UPGRADE TECHNICIAN TO SUPERVISOR

SU SPECIALTIES CC

FEE DUE 130 FEE VALIDATED 130 BALANCE (+/-) 0

() ALL PAGES OF APPLICATION RECV - or - MISSING PAGE(S) Att. Form

OIG/LEIE Check Clear YES NO clear

EDUCATION

UNIVERSITY FSU

TRANSCRIPTS RECEIVED YES NO DOC ID NUMBER 2982420

DEGREE BS Biological Science DOC ID NUMBER _____

B.S DEGREE (24 HOURS ACADEMIC SCIENCE WITH 8 CHEMISTRY 8 BIOLOGY) YES NO

CREDENTIAL EVALUATION RECEIVED N/A YES NO

- 1 HR HIV/AIDS DOC ID NUMBER _____
- 2 HR MEDICAL ERRORS N/A DOC ID NUMBER _____
- 25 HOURS CE SUPERVISION/MANAGEMENT DOC ID NUMBER _____
- 48 HOURS CE SUPERVISION/MANAGEMENT (HISTOLOGY) DOC ID NUMBER _____

EXAM

NATIONAL EXAM SCORES N/A DOC ID NUMBER _____
_____ASCP _____AMT _____AAB _____ABHI

LICENSURE VERIFICATION

() STATE(S) N/A DISCIPLINE? YES NO DOC ID # _____

EXPERIENCE

EMPLOYMENT VERIFICATION 04/07/05/09 = 2 yrs mos.
NUMBER OF YEARS _____ SPECIALTIES CC

NOTES

** No CH or HH **

*7/22/10
must come directly from original*

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, MD, MPH Surgeon
General and Secretary
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Application Summary

Application Detail

License Type: Clinical Laboratory Supervisor
Profession Number: 6601 - Clinical Laboratory Personnel
File Number: 48495
Application: Supervisor License Application
Application Date: 07/13/2016

Application Questions

Military Veteran Fee Waiver - I have been honorably discharged from a branch of the United States Armed Forces within the previous 60 months. No

Are you applying for a Generalist specialty [Microbiology, Serology/Immunology, Clinical Chemistry, Hematology, Immunochemistry, Blood Banking (Donor Processing), AND/OR Cytogenetics]? Yes

Are you applying for Cytology? No

Are you applying for Histology? No

Are you applying for Andrology AND/OR Embryology? No

Are you applying for Histocompatibility? No

Are you applying for Molecular Pathology? No

Military Veteran Spouse Fee Waiver - I am the spouse of a military veteran who has been honorably discharged from a branch of the United States Armed Forces within the previous 60 months. No

Personal Detail

First Name: Dominique
Middle/Second Name: Luciana
Last Name/Surname: Kirkland
Birthdate: 03/24/1979

Gender: Female

Race: Black

Social Security Number:

Addresses

Main Address

Address: 20613 NW 11th Ave

Miami Gardens

Miami Gardens, FL

33169

US

Phone Number: 904-422-0968

Extension:

E-mail Address: DLNKirkland@aol.com

Home

Fax

Primary Location

Address: 150 NW 168th Street

Suite 307

North Miami Beach

North Miami Beach, FL

33169

US

Phone Number: 305-816-6503

Extension:

Education History 1

School Name: Florida State University

Attended From (mm/dd/yyyy): 06/25/1997

Attended To (mm/dd/yyyy): 05/20/2002

Date of Graduation (mm/dd/yyyy): 05/30/2002

City: Tallahassee

State: FLORIDA

Country: UNITED STATES OF AMERICA

Education History 2

School Name: Barry University

Attended From (mm/dd/yyyy): 08/28/2002
Attended To (mm/dd/yyyy): 06/26/2005
Date of Graduation (mm/dd/yyyy): 06/30/2005
City: Miami Shores
State: FLORIDA
Country: UNITED STATES OF AMERICA

Vocational / Training Program

Did you complete a training program in the area of applying for licensure? No

Other Licenses / Certifications

Do you hold or have you ever held a STATE license to practice Clinical Laboratory Personnel in this state or any other state? No

Initial Application Mandatory CE

HIV/AIDS Education HIV/AIDS education is a requirement for initial license as defined by Section 381.0034(3), Florida Statutes and Rule 64B24-2.001(2)(c),F.A.C. An applicant making initial application for licensure must complete an educational course acceptable to the department on human immunodeficiency virus and acquired immune deficiency syndrome. OR An applicant who has not taken a course at the time of licensure shall, upon an affidavit showing good cause, be allowed 6 months to complete this requirement.

I have completed the HIV/AIDS education required by Florida Statutes, as defined by Section 381.0034(3) and Rule 64B24-2.001(2)(c),F.A.C. A copy of the completion certificate must be submitted to the board office by mail prior to issuance of a permanent license. Yes

Provider/School Name: Optical Seminars, INC
Course Number/Title: HIV/AIDS
Date Completed: 06/27/2016

Employment History 1

Name of Business: Quest Diagnostics
Street Address Line 1: 1777 Montreal Circle
City: Tucker
State: GEORGIA
Zip Code: 30084
Employment From (mm/dd/yyyy): 04/20/2007
Employment To (mm/dd/yyyy): 05/25/2009

Employment History 2

Name of Business: University of Miami DUI Toxicology Laboratory
Street Address Line 1: 1600 NW 10th AVE

Street Address Line 2: RMSB R-5 7020A
City: Miami
State: FLORIDA
Zip Code: 33136
Employment From (mm/dd/yyyy): 06/10/2011
Employment To (mm/dd/yyyy): 12/09/2015

Employment History 3

Name of Business: Anchor Diagnostics
Street Address Line 1: 150 NW 168th Street
Street Address Line 2: Suite 307
City: North Miami Beach
State: FLORIDA
Zip Code: 33169
Employment From (mm/dd/yyyy): 12/12/2015
Employment To (mm/dd/yyyy): 07/13/2016

National Certification Examination

Did you successfully pass a National Certification Examination in the area of applying for licensure? Yes

Name of National Certification Examination: National Registry of Certified Chemists

Examination Date: 06/18/2016

Health History

In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?

In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?

During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder or that has impaired your ability to practice within the past five years?

During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice?

In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?

During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice within the last five years? **No**

Criminal History

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? **No**

If YES, you must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.

Discipline History - Denial

Have you had any application for a professional license, or any application to practice, denied by any state board or other governmental agency of any state or country? **No**

Discipline History - Notified

Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature including, but not limited to, a charge or violation of the Clinical Laboratory practice act, unprofessional or unethical conduct? **No**

Discipline History - Sexual Misconduct

Have you ever had a license disciplined for sexual misconduct or committed any act in any other state that would constitute sexual misconduct? **No**

Discipline History - Revocation

Have you ever had any professional license or license to practice revoked, suspended, or any other disciplinary action taken in any state or other jurisdiction? **No**

Discipline History - Refusal

Have you been refused a license to practice, or the renewal thereof in any state? **No**

Medicaid/Medicare (Applicants)

1. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? **No**

2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? **No**

3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **No**

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? **No**

5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? **No**

Availability for Disaster

Are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters? **Yes**

If you respond 'Yes', your name will be added to a data listing that is available to the Department of Health if a disaster is declared. If you live in an area where you may be able to help you will be called on if needed.

Supervisor Generalist

Microbiology	No
Serology/Immunology	No
Clinical Chemistry	Yes
Hematology	No
Immunochemistry	No
Blood Banking (Donor Processing)	No
Cytogenetics	No

Choose an option below based on your education, training and certification.
NOTE: If you do not meet ALL of the qualifications of a given option, you may not qualify for licensure.

Option 1a:

**Doctoral Degree in Clinical Laboratory, Chemical or Biological Science
1 year of pertinent clinical laboratory experience in the specialty area
in which licensure is sought**

AND

**25 hours of Board-approved continuing education in supervision and
administration**

Certification as required for technologist licensure

Option 1b:

**Doctoral Degree in Clinical Laboratory, Chemical or Biological Science
1 year of pertinent clinical laboratory experience in the specialty area
in which licensure is sought**

**One or more of the following certifications: DLM (ASCP) or SC(ASCP)
for clinical chemistry; SH(ASCP) for hematology; SBB(ASCP) for blood
banking and immunohematology; SM(ASCP) for microbiology.**

Option 2a:

**Masters Degree in Clinical Laboratory, Chemical or Biological Science
3 years of pertinent clinical laboratory experience, with at least 1
year experience in the specialty area in which licensure is sought**

AND

**25 hours of Board-approved continuing education in supervision and
administration**

Certification as required for technologist licensure

Option 2b:

**Masters Degree in Clinical Laboratory, Chemical or Biological Science
3 years of pertinent clinical laboratory experience, with at least 1
year experience in the specialty area in which licensure is sought**

**One or more of the following certifications: DLM (ASCP) or SC(ASCP)
for clinical chemistry; SH(ASCP) for hematology; SBB(ASCP) for blood
banking and immunohematology; SM(ASCP) for microbiology**

Option 3a:

**Bachelors Degree with 24 semester hours of academic science
including 8 semester hours of biological sciences and 8 semester
hours of chemical sciences**

**5 years of pertinent clinical laboratory experience, with at least 2
years experience at the Technologist level, and at least 1 year
experience in the specialty area in which licensure is sought**

AND

**25 hours of Board-approved continuing education in supervision and
administration**

Certification as required for technologist licensure

Option 3b:

Bachelors Degree with 24 semester hours of academic science including 8 semester hours of biological sciences and 8 semester hours of chemical sciences.

5 years of pertinent clinical laboratory experience, with at least 2 years experience at the Technologist level

AND

at least 1 year experience in the specialty area in which licensure is sought

One or more of the following certifications: DLM (ASCP) or SC(ASCP) for clinical chemistry; SH(ASCP) for hematology; SBB(ASCP) for blood banking and immunohematology; SM(ASCP) for microbiology

Select an option:

Option 3a

Fees

Supervisor App Fee	\$70.00
Supervisor Lic Fee	\$55.00
Unlicensed Activity	\$5.00
Total Amount Due:	\$130.00

Attestation

Section 483.815, Florida Statutes requires that an application for clinical laboratory personnel licensure be made under oath on forms provided by the department. Please follow the link below to access this form. Once the form has been signed and notarized, mail the ORIGINAL document to the address below. E-mailed or faxed copies will not be accepted.

Florida Department of Health
Board of Clinical Laboratory Personnel
4052 Bald Cypress Way Bin C-07
Tallahassee, FL 32399

Form: http://ww10.doh.state.fl.us/pub/hmqacb/CLP_Attestation.pdf

I have read the information above and understand that I must mail the ORIGINAL notarized physical copy of the Attestation.

NAME: DOMINIQUE L. KIRKLAND

19. APPLICANT SIGNATURE:

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida Board of Clinical Laboratory Personnel any information which is material to my application for licensure.

Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice Clinical Laboratory Personnel in the State of Florida.

I declare that I have read the foregoing application and that the facts stated in it are true. A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

[Signature]
APPLICANT'S SIGNATURE

7/14/14
DATE

*As a reminder to all applicants, please understand that Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

notary
7/14/14 *Betsy Teller*



Board of Clinical Laboratory Personnel
 4052 Bald Cypress Way, Bin #C07
 Tallahassee, FL 32399-3257

VERIFICATION OF CLINICAL LABORATORY EXPERIENCE

APPLICANT SECTION: (Complete only the APPLICANT SECTION. Do not fill out EMPLOYER SECTION.)

APPLICANT NAME: KIRKLAND, DOMINIQUE, LUCIANA
(Last) (First) (Middle)

EMPLOYER NAME: QUEST DIAGNOSTICS

MAILING ADDRESS: 1777 MONTREAL CIR. TUCKER, GA 30084
(Street and Number) (City) (State) (Zip)

TELEPHONE: 813 697-8378 CLIA#: 11D1096780
Business: Area Code/Phone Number

Please forward to your laboratory Supervisor/Director or Personnel Director for completion. The form must be signed. Do not write over/white-out information, or fill in the list of tests or the form will be returned to you.

EMPLOYER SECTION: (Please complete the information below)
 Do not include testing done in research, physician office laboratories or veterinary work. Observation in a laboratory setting when the applicant does not have a Florida license is not pertinent clinical laboratory experience.

Employment period performing test in the laboratory: From: _____ To: _____ Full Time: _____ Part Time: _____
MM/YYYY MM/YYYY (hrs per wk) (hrs per wk)

Please indicate an "X" in each SPECIALTY Worked:

X	SPECIALTY AREA WORKED	TESTS PERFORMED	APPROX. DATES PERFORMED (MM/YYYY) to (MM/YYYY)	
			to	
	Microbiology		/	/
	Serology/Immunology		/	/
X	Clinical Chemistry	Drugs of abuse extraction on oral fluid, urine, and blood samples for Gas Chromatography (GC/MS) analysis as well as the data interpretation of each determined blood alcohol levels via Headspace Gas Chromatography (GC) in blood and urine samples.	04	05
	Hematology		/	/
	Immunohematology		/	/
	Blood Banking/Donor Processing		/	/
	Cytogenetics		/	/
	Molecular Pathology		/	/
	Histocompatibility		/	/
	Histology		/	/
	Cytology		/	/
	Andrology		/	/
	Embryology	/	/	

The above information is correct to the best of my knowledge.

Jennifer Williams
 Print Name (Laboratory Supervisor/Director/Personnel Director)

[Signature]
 Signature (Laboratory Supervisor/Director/Personnel Director)

Technical Lab Manager
 Title
06/27/16
 Date

UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE



To Ashley Rogers,

7/22/2016

Re: application of Dominique Kirkland for Clinical License request for information

The University of Miami Forensic Toxicology Laboratory where Miss Kirkland performed her work as a toxicologist does not hold a CLIA license. All testing carried out on human samples in this laboratory is for legal purposes only and does not involve patient care.

To perform toxicology testing as a forensic toxicologist not handling patient samples there is no requirement to hold a clinical license thus Miss Kirkland was not required to obtain one for her position.

Please contact me if you have any questions or concerns

A handwritten signature in cursive script that reads "Lisa Reidy".

Dr. Lisa Reidy
Laboratory Director/assistant research professor
Toxicology Laboratory
1600 NW, 10th avenue, RSMB R-5
Miami, Florida, 33136

Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257

VERIFICATION OF CLINICAL LABORATORY EXPERIENCE

APPLICANT SECTION: (Complete only the APPLICANT SECTION. Do not fill out EMPLOYER SECTION.)

APPLICANT NAME: KIRKLAND (Last), DOMINIQUE (First), LUCIANA (Middle)

EMPLOYER NAME: UNIVERSITY OF MIAMI TOXICOLOGY LAB

MAILING ADDRESS: 1600 NW 10th AVE (Street and Number) RMSB R-5 (Apt. #) 7020A MIA (City) FL (State) 33136 (Zip)

TELEPHONE: 305 243-5629 (Business: Area Code/Phone Number) **CLIA#:** Forensic Laboratory - No CLIA number

Please forward to your laboratory Supervisor/Director or Personnel Director for completion. The form must be signed. Do not write over/white-out information, or fill in the list of tests or the form will be returned to you.

EMPLOYER SECTION: (Please complete the information below)

Do not include testing done in research, physician office laboratories or veterinary work. Observation in a laboratory setting when the applicant does not have a Florida license is not pertinent clinical laboratory experience.

Employment period performing test in the laboratory: From: 07/2011 To: 12/2015 Full Time: 40 Part Time _____
 MM/YYYY MM/YYYY (hrs per wk) (hrs per wk)

Please indicate an "X" in each SPECIALTY Worked:

X	SPECIALTY AREA WORKED	TESTS PERFORMED	APPROX. DATES PERFORMED (MM/YYYY) to (MM/YYYY)
	Microbiology		/ to /
	Serology/Immunology	Enzyme Linked Immunosorbant Assays (ELISA),	/ to /
X	Clinical Chemistry	Gas chromatography mass spectrometry (GC-MS) to confirm any therapeutic, or drugs of abuse in blood and urine samples. In addition	06/2011 to 12/2015
	Hematology	Domiquie also operated a headspace-gas chromatograph (HS-GC) instrument to determine blood alcohol levels in blood & urine samples	/ to /
	Immunohematology		/ to /
	Blood Banking/Donor Processing		/ to /
	Cytogenetics		/ to /
	Molecular Pathology		/ to /
	Histocompatibility		/ to /
	Histology		/ to /
	Cytology		/ to /
	Andrology		/ to /
	Embryology		/ to /

The above information is correct to the best of my knowledge.

Lisa Reidy, PhD

Laboratory Director

Print Name (Laboratory Supervisor/Director/Personnel Director)

Title

Lisa Reidy

06/24/2016

Signature (Laboratory Supervisor/Director/Personnel Director)

Date



150 NW 168th St

North Beach Miami, FL 33169

207.380.6197

July 29, 2016

To Whom It May Concern:

This letter is written on behalf of my employee, Dominique Kirkland, who is applying for her state license. It is my understanding that an explanation of her duties needed to be provided.

As a startup lab, Ms. Kirkland was hired as our Toxicologist to provide technical support and training of our instrumentation (LC/MS) to our laboratory staff. One of her main roles includes overseeing our method validation to ensure that our drug analytes are being tested properly. She is responsible for ensuring the accuracy of our drug analytic cut off levels in order to stay up to date with current drug trends. She is responsible for the upkeep and maintenance of all of our analyzers. In addition to these responsibilities, she is also responsible for our QA/QC records of our internal and external controls and organizing our SOPs.

I hope this answers any questions you may have. If you need further explanation, please feel free to contact me directly.

Best Regards,

Stephanie Bickley, CEO

**Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257**

VERIFICATION OF CLINICAL LABORATORY EXPERIENCE

APPLICANT SECTION: (Complete only the APPLICANT SECTION. Do not fill out EMPLOYER SECTION.)

APPLICANT NAME: KIRKLAND, DOMINIQUE, LUCIANA
(Last) (First) (Middle)

EMPLOYER NAME: ANCHOR DIAGNOSTICS

MAILING ADDRESS: 150 NW 108th St. SUITE 302 NORTH MIAMI BEACH, FL 33149
(Street and Number) (Apt. #) (City) (State) (Zip)

TELEPHONE: 305 814-6503 **CLIA#:** 10D20916489
Business: Area Code/Phone Number

Please forward to your laboratory Supervisor/Director or Personnel Director for completion. The form must be signed. Do not write over/white-out information, or fill in the list of tests or the form will be returned to you.

EMPLOYER SECTION: (Please complete the information below)
Do not include testing done in research, physician office laboratories or veterinary work. Observation in a laboratory setting when the applicant does not have a Florida license is not pertinent clinical laboratory experience.

Employment period performing test in the laboratory: From: 12/15/16 To: Current **Full Time:** 40 Part Time _____
MM/YYYY MM/YYYY (hrs per wk) (hrs per wk)

Please indicate an "X" in each SPECIALTY Worked:

X	SPECIALTY AREA WORKED	TESTS PERFORMED	APPROX. DATES PERFORMED (MM/YYYY) to (MM/YYYY)
	Microbiology		/ to /
	Serology/Immunology		/ to /
X	Clinical Chemistry	<i>LCA/S/MS and Analyzers main panel of abuse, microwarrants, anxieties, babies, keratins, Synth</i>	<i>12/15 to Current</i>
	Hematology	<i>hypertics, opiates, SSRI, opioids, validation & sample extraction. ERG/ETS, validation, sample</i>	/ to /
	Immunohematology	<i>extraction. Data Analysis and interpretation of each.</i>	/ to /
	Blood Banking/Donor Processing		/ to /
	Cytogenetics		/ to /
	Molecular Pathology		/ to /
	Histocompatibility		/ to /
	Histology		/ to /
	Cytology		/ to /
	Andrology		/ to /
	Embryology		/ to /

The above information is correct to the best of my knowledge.

Stephie Bickley
 Print Name (Laboratory Supervisor/Director/Personnel Director)

[Signature]
 Signature (Laboratory Supervisor/Director/Personnel Director)

C.F.O.
 Title

06/23/2016
 Date

Clinical Chemistry

LC/MS/MS and Olympus 640 analyzers

Main Panel (drugs of abuse and anticonvulsants, antianxiety, Barbs, Benzos, Synthetics, hypnotics, opiates, SSRI, and opioids) validation and sample extraction

EtG/EtS validation and sample extraction

Data analysis and interpretation of each

12/15 — CURRENT

Stephanie Bickley



06/23/2016

C.E.O

CERTIFICATE OF COMPLETION

DOMINIQUE TROUTMAN

**OPTICAL SEMINARS, INC. certifies that
HIV/AIDS was completed for 1 credits on
06/27/16**

Approval / Florida Board of Opticianry

Approval / Florida Department of Health

Approval / Florida Provider #50-13491



course completed through



TABLE MESA



Florida Hospital Memorial Medical
Center

CERTIFICATE OF COMPLETION

Awarded to

DOMINIQUE TROUTMAN

FLORIDA HOSPITAL MEMORIAL MEDICAL CENTER
certifies that **PREVENTING MEDICAL ERRORS** was
completed for 2 credits on

06/20/16

Credits Earned

2

Approvals:

- Florida Board of Nursing: #FBN 2114;
- Florida Board of Respiratory Care: #RCE 48;
- Florida Board of Clinical Laboratory Personnel: #JP545, Category Code: 19;
- Florida Bureau of Radiation Control: #3201088, Course # 18006843, Content: 05-Personal Development;
- Florida Board of Clinical Social Work, Marriage/Family Therapy, & Mental Health Counseling: BAP#834;
- Florida Board of Physical Therapy Practice
- Florida Council of Dietetics and Nutrition
- Florida Council of Licensed Midwifery
- Florida Board of Medicine, Osteopathic Medicine, Physician Assistants (ACCME ID# 4006723): FHMMC is accredited by the Florida Medical Association to provide continuing medical education for physicians. FHMMC designates this educational activity for a maximum of 2 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Education Unlimited

6231 PGA Blvd. / Suite 104, #306 / Palm Beach Gardens, FL 33418
Phone: 888-423-8462 / Fax: 561-775-4933 / Email: CEUIncorp@aol.com



Certifies That

Dominique Kirkland

has successfully completed the following online course on 7/12/2016

Florida Supervisor Upgrade

Category: - Florida Supervisor Upgrade

Contact Hrs: 25

ASCLS P.A.C.E.® #: 511-092-14

CEB Tracking #: 522081

Deborah L. Buckley MBA, MT(ASCP)
Program Administrator

Approved By:

Florida - BCLP
4052 Bald Cypress Way
Bin # C-07
Tallahassee, FL 32399
850-245-4355
CE Broker #: 50-2256

ASCLS P.A.C.E.®
6701 Democracy Blvd.
Suite 300
Bethesda, MD 20817
301-657-2768
Provider #: 511



CA Dept of Health Svcs
Laboratory Field Services
850 Marina Bay Pkwy, Bldg. P1
Richmond, CA 94804
510-873-6328
Agency #: 0001



Valid for ASCLS
when signature and
colored P.A.C.E.® seal
are present.

Courses Accepted By: AMTIE, ASCP, CA, FL, LA, ND, NV, MT, RI, TN, WV, NCA

BOARD OF CLINICAL LABORATORY PERSONNEL

INITIAL & UPGRADE LICENSURE LEVEL

For

SUPERVISOR

APPLICATION CHECKLIST

- ✓ 1. **Application:**
- All questions answered on all pages and if question not applicable, mark with N/A
 - All "Yes" answers must be accompanied by an explanation, as instructed.
 - Public Records Disclosure Form SSN
- PLEASE NOTE:** Within thirty (30) days after the board office receives your application and fee, we will send an acknowledgment letter informing you of any deficiencies and the specific items required to complete your application. If you do not receive notice that we have received your application within forty-five (45) days of the date mailed, please contact this office. As a reminder to all applicants, Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after initial filing with the department.
- ✓ 2. **Fees:**
Please make cashier check or money order payable to the Department of Health-Clinical Laboratory Personnel.
Return application and fees to:
Department of Health
Revenue Services
P.O. Box 6330
Tallahassee, FL 32314-6330
- ✓ 3. **HIV/AIDS (Copy of Certificate of Completion)**
- ✓ 4. **Board of Clinical Laboratory Personnel approved Medical Errors Course (Copy of Certificate of Completion)**
- ✓ 5. **Official College Transcript (sent directly to the board office from the educational institute)**
- ✓ 6. **Verification of National Certification (sent directly to the board office from the national examiners)**
Supervisors:
- American Association of Bioanalysis
 - American Medical Technologists
 - American Board of Histocompatibility & Immunogenetics
 - American Society of Clinical Pathologists
 - National Registry of Certified Chemists X
- ✓ 7. **Verification of Employment/Experience form (must be signed by your Laboratory Supervisor/Director or Personnel Director)**
- ✓ 8. **Special Note: Directors/Supervisors**
- 25 Continuing Education hours by an approved provider – supervision/administration, which includes examination

If you have any additional documents to submit after your application has been mailed, please send to:
(supporting documents/correspondence with NO money)

Department of Health
Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257

Correspondence



Not Application

CLINICAL LABORATORY LICENSURE
(Client: 6601)
INITIAL & UPGRADE LICENSURE - SUPERVISOR

INITIAL LICENSURE FEES:

(Fees includes: application (non-refundable), licensure fee, and unlicensed activity fee). Please select only one:

- [X] Initial Supervisor \$130.00 (1054) [] Upgrade Technologist - Supervisor \$130.00 (1043)
[] Upgrade Technician - Supervisor \$130.00 (1045)

PROFILE DATA: (PLEASE PRINT OR TYPE IN BLACK INK)

1. NAME: KIRKLAND DOMINIQUE LUCIANA
(Last) (First) (Middle)

Have you changed your name through marriage or through action of a court, or have you been known by any other name? [] YES [X] NO

If YES, list provide: TROUTMAN DOMINIQUE L. *RECENTLY MARRIED*
(Last) (First) (Middle)

2. ADDRESS:

a. MAILING ADDRESS: 20613 NW 11th Ave. MIAMI GARDENS, FL 33169
(Street and Number) (Apt. #) (City) (State) (Zip)

b. PRIMARY LOCATION: SAME AS ABOVE
(Street and Number) (Apt. #) (City) (State) (Zip)

c. TELEPHONE: 904 422-0968 305 816-6503
Primary: Area Code/Phone Number Business: Area Code/Phone Number

d. EMAIL ADDRESS: DLNKIRKLAND@AOL.COM
(Email Notification: If you want to notified of the status of your application by email please check the "YES" box and write your email address on the line provided above. If you choose this form of notification you will receive information regarding your application file through email. You will be responsible for checking your email regularly and updating your email address with the board office info@floridascclinicallabs.gov. Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing. [X] YES [] NO

3. PERSONAL DATA:

a. Date of Birth: 03/24/79
(Month/Day/Year)

c. We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

RACE: [] White [X] Black [] Hispanic [] Asian/Pacific Islander [] Native American [] Other
SEX: [] Male [X] Female

d. Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disasters? [] YES [] NO

4. LICENSURE LEVEL:

Please review the CLP MATRIX to determine the licensure pathway and OPTION. Once you have made the determination, please provide the OPTION number as requested below. Failure to provide an OPTION will result in delaying the process and you will be notified of the deficiency.

Supervisor: OPTION: 3a

- [] Microbiology [] Serology/Immunology [X] Clinical Chemistry [] Hematology [] Immunohematology
[] Histocompatibility [] Andrology [] Embryology [] Molecular Pathology
[] Histology [] Cytology [] Cytogenetics [] Blood Banking/Donor Processing
[] Generalist (Microbiology, Serology/Immunology, Clinical Chemistry, Hematology, Immunohematology, and Molecular Pathology)

NAME: DOMINIQUE L KIRKLAND

PLEASE USE ADDITIONAL DOCUMENTS, as necessary.

5. EDUCATION INFORMATION:

Please provide college/university education information, whether completed or not, in chronological order.

<u>FLORIDA STATE UNIVERSITY TALL FL</u> (School Name)	<u>10/97-5/02</u> (City/State or Country)	<u>2002</u> (From: MM/DD/YYYY - To: MM/DD/YYYY)	<u>BS</u> (Graduation Date) (Degree Awarded)
<u>BARRY UNIVERSITY MIAMI FL</u> (School Name)	<u>8/02 - 6/05</u> (City/State or Country)	<u>2005</u> (From: MM/DD/YYYY - To: MM/DD/YYYY)	<u>N/A</u> (Graduation Date) (Degree Awarded)
_____ (School Name)	_____ (City/State or Country)	_____ (From: MM/DD/YYYY - To: MM/DD/YYYY)	_____ (Graduation Date) (Degree Awarded)
_____ (School Name)	_____ (City/State or Country)	_____ (From: MM/DD/YYYY - To: MM/DD/YYYY)	_____ (Graduation Date) (Degree Awarded)
_____ (School Name)	_____ (City/State or Country)	_____ (From: MM/DD/YYYY - To: MM/DD/YYYY)	_____ (Graduation Date) (Degree Awarded)

6. VOCATIONAL/TRAINING PROGRAM:

Did you complete a training program in the area of applying for licensure:

[] YES NO

(If YES, please provide the following:)

_____ (Program Name)	_____ (City/State)	_____ (From: MM/DD/YYYY - To: MM/DD/YYYY)	_____ (Completion Date)
_____ (Program Name)	_____ (City/State)	_____ (From: MM/DD/YYYY - To: MM/DD/YYYY)	_____ (Completion Date)
_____ (Program Name)	_____ (City/State)	_____ (From: MM/DD/YYYY - To: MM/DD/YYYY)	_____ (Completion Date)

7. NATIONAL CERTIFICATION EXAMINATION:

Did you successfully pass a National Certification Examination in the area of applying for licensure:

YES [] NO

(If YES, please provide the following:)

<u>NRCC - TOXICOLOGICAL CHEMIST</u> (Name of National Certification Examination)	<u>6/18/10</u> (Examination Date)
_____ (Name of National Certification Examination)	_____ (Examination Date)

8. EMPLOYMENT HISTORY:

List in chronological order all clinical laboratory employment, as defined by Rule 64B3-2.003(8), F.A.C.

<u>QUEST DIAGNOSTICS</u> (Name of Business)	<u>1777 MONTREAL CIR TUCKER, GA 30084</u> (Full Mailing Address)	<u>4/2007-5/2009</u> (From: MM/DD/YYYY To: MM/DD/YYYY)
<u>UM DUKE TOXICOLOGY LAB</u> (Name of Business)	<u>1000 NW 10th AVE MIA, FL 33136</u> (Full Mailing Address)	<u>6/11 - 12/2015</u> (From: MM/DD/YYYY To: MM/DD/YYYY)
<u>ANCHOR DIAGNOSTICS</u> (Name of Business)	<u>150 NW 16th ST. NMB, FL</u> (Full Mailing Address)	<u>12/15 - CURRENT</u> (From: MM/DD/YYYY To: MM/DD/YYYY)
_____ (Name of Business)	_____ (Full Mailing Address)	_____ (From: MM/DD/YYYY To: MM/DD/YYYY)
_____ (Name of Business)	_____ (Full Mailing Address)	_____ (From: MM/DD/YYYY To: MM/DD/YYYY)

NAME: DOMINIQUE L. KIRKLAND

ALL AFFIRMATIVE ANSWERS MUST BE EXPLAINED IN DETAIL ON A SEPARATE SHEET.
DOCUMENTATION SUBSTANTIATING THE EXPLANATION IS REQUIRED.

PROCEEDINGS and/or ACTIONS

9. APPLICANT HISTORY:

- a. Have you had any application for a professional license, or any application to practice, denied by any state board or other governmental agency of any state or country? YES NO
- b. Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature including, but not limited to, a charge or violation of the Clinical Laboratory practice act, unprofessional or unethical conduct? YES NO

If YES, please complete the following:

(Name of Agency)	(City/State)	(Date: MM/DD/YYYY)	(Final Action)	(Under Appeal? Y/N)

10. LICENSURE ACTIONS:

- a. Have you ever had a license disciplined for sexual misconduct or committed any act in any other state that would constitute sexual misconduct? YES NO
- b. Have you ever had any professional license or license to practice revoked, suspended, or any other disciplinary action taken in any state or other jurisdiction? YES NO
- c. Have you been refused a license to practice, or the renewal thereof in any state? YES NO

11. CRIMINAL INFORMATION:

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? YES NO

If YES, you must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.

(Offense)	(Date: MM/DD/YYYY)	(Jurisdiction)	(Final Disposition)	(Under Appeal? Y/N)

12. LICENSURE INFORMATION: Do you hold or have you ever held a STATE license to practice Clinical Laboratory Personnel in this state or any other state? YES NO

License Number	State/Country	Original Date Issued	Expiration Date
License Number	State/Country	Original Date Issued	Expiration Date
License Number	State/Country	Original Date Issued	Expiration Date

PLEASE NOTE: Verification of each license must be received directly from the licensing authority, regardless of status of license.

NAME: DOMINIQUE L. KIRKLAND

IMPORTANT NOTICE: Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes.. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

13. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded NO, skip to 14) [] YES NO
- a. If "yes" to 13, for felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? [] YES [] NO
- b. If "yes" to 13, for felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes). [] YES [] NO
- c. If "yes" to 13, for felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? [] YES [] NO
- d. If "yes" to 13, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation) [] YES [] NO
14. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? [] YES NO
- a. If "yes" to 14, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation of such conviction or plea ended? [] YES [] NO
15. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 15a.) [] YES NO
- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? [] YES [] NO
16. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If "No", do not answer 16a or 16b.) [] YES NO
- a. Have you been in good standing with a state Medicaid program for the most recent five years? [] YES [] NO
- b. Did the termination occur at least 20 years before to the date of this application? [] YES [] NO
17. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? [] YES NO
18. If "yes" to any of the questions 13 through 17 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? (If "yes", please provide official documentation verifying your enrollment status.) [] YES NO



LICENSE VERIFICATION

INSTRUCTIONS TO THE APPLICANT:

- 1. Complete the information in Part I only.
2. This form must be returned by the state Board or agency which issued your license.

PART I: TO BE COMPLETED BY APPLICANT: (PRINT or TYPE)

Name: KIRKLAND, DOMINIQUE, LUCIANA (Last, First, Middle)

Address: 20613 NW 11th Ave. MIAMI GARDENS, FL 33169 (Street, City, State, Zip/Postal Code)

DOB: 03/24/79 License No.: Title of License:

PART II: TO BE COMPLETED BY THE STATE BOARD OFFICE: (PRINT or TYPE)

The individual listed above has applied for licensure in Florida as a Clinical Laboratory Personnel. Before further consideration is given to this application, we require the information requested on this form. The Board may submit your standard verification form in lieu of completing this form, as long as you indicate whether or not discipline has been taken against the license, and affix the Board seal. Please return the requested information to: Florida Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

Licensee Name: (Last, First, Middle)

State: Title of License: License No.: Original Issue Date: / /

THIS LICENSE IS CURRENTLY:

[] Active [] Inactive [] Temporary [] Other (Explain)

THIS LICENSE WAS OBTAINED BY:

[] Examination [] Grandfathering [] Reciprocity/Endorsement

ACTION TAKEN AGAINST LICENSE:

[] No Disciplinary Action Taken [] Disciplinary Action Taken*

Print Name (Completing form) Title

Please Affix Board Seal

Signature

If disciplinary action has been taken against this licensee, please provide certified copies of documentation regarding any disciplinary actions directly to the Florida Board of Clinical Laboratory Personnel.

DOMINIQUE L TROUTMAN

20613 NW 11th Ave, Miami Gardens, Florida 33169

Cell: 904-422-0968 DLNKirkland@aol.com

PROFESSIONAL SUMMARY

Forensic Toxicologist with nine years of experience in toxicology. Areas of expertise include drug and alcohol analysis along with data interpretation of each. Experienced in operating and running EIA, GC/MS, GC headspace and LC/MS instrumentation of both Agilent and AB SCIEX manufacturers.

WORK HISTORY

12/2015-Current

Toxicologist (Technical Supervisor)-North Miami Beach, FL

Responsible for sample preparation, sample extraction, and instrumentation preparation. Performs LC/MS maintenance and support. Data analysis and interpretation for drugs of abuse on urine samples. Providing excellent training for new employees to get them familiarized with LIS and EMR for data reporting. Responsible for all proficiency testing for regulatory testing agencies including COLA, CLIA and CAP.

06/2011-12/2015

QA/QC Forensic Toxicologist

University of Miami School of Medicine DUI Toxicology Lab – Miami, FL

Extraction of samples for drug and alcohol analysis using Immunoassay (ELISA), GC/MS, Headspace GC-FID, and LC/MS instrumentation. Responsible for reviewing GC/MS and LC/MS analysis data to ensure reporting accuracy. Help prepare lab for all lab inspections including CAP and ABFT inspections. Handle any QC issues that may arise including any required repeat testing of samples. Responsible for editing SOPs and concurrent chain of custody. In charge of QC verification and ensuring validation data is correct before implementing new controls. In charge of training new staff on conformational assays and data review.

11/2009 to 06/2011

Medical Assisting Instructor

ATI Enterprises – Miami Gardens, FL

Responsible for teaching courses in the medical assisting program. Observing the highest standards in student training. Providing excellent training guides and materials to support in-class studies. Training students in lab on venipuncture, injections, and a variety of back office procedures.

04/2007 to 05/2009

Forensic Scientist

Quest Diagnostics – Atlanta, GA

Extracted oral fluid, urine, and blood samples for gas chromatography analysis as well as the data interpretation of each. Analyzed specimens using approved testing procedures (SOPs) as according to manufacturing practices. Followed safety compliance for FDA and all OSHA regulations for bio-hazards and hazardous materials (i.e., chemical hygiene plan and blood borne pathogen plan). Documented all quality control activities, instrument and procedural calibrations, and all maintenance performed. Trained departmental employees on various techniques and procedures.

03/2006 to 04/2007

Specimen Technician

Quest Diagnostics – Tucker, GA

Performed general support functions within the surgical pathology department. Histology specimen procurement and reconciliation. Data entry and tracking of tissue specimens. Responsible for regular and daily maintenance of instruments and equipment.

09/2004 to 03/2006

Phlebotomy Services Representative II

Quest Diagnostics – Tamarac, FL

Responsible for the supervision of specimen collection processes of other phlebotomists. Supervised the daily functions and operations of the patient service center.

08/2003 to 09/2004

Phlebotomy Services Representative I

Quest Diagnostics – Fort Lauderdale, FL

Performed patient registration and orientation. Collected patient samples including venipuncture. Prepared patient specimens for laboratory transport and testing.

EDUCATION

2005

Master of Science: Biomedical Sciences (candidate)

Barry University - Miami Shores, FL

2002

Bachelor of Science: Biological Sciences

Florida State University - Tallahassee, FL

**LICENSES and
Certifications**

NRCC-Toxicological Chemist Certification
State of Florida Department of Law Enforcement Alcohol Testing Program (Permit No. 2012028)
Basic Life Support Certification

PUBLICATIONS

Kirkland, D. L., Reidy, Lisa, PhD., Steele, B. W., (2015) Clinical Indicators of THC as shown among suspected Driving Under the Influence of Drugs (DUI) Arrestees from 2013-2015

Kirkland, D. L., Reidy L., Steele B. W. (2013) Blood Alcohol Elimination Rates Among Miami-Dade DUI Arrestees from 2009-2013. Society of Forensic Toxicologists, Inc.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

July 25, 2016

Dominique Luciana Kirkland
20613 Nw 11th Ave
Miami Gardens, FL 33169

Dear Ms. Kirkland:

The Board of Clinical Laboratory Personnel was pleased to receive your application for licensure. A review of your file indicates that the following documents are pending:

- **OTHER: Our records show that you do not currently hold or have held a license to practice in the state of Florida. You will need to have your employer Anchor Diagnostics submit a letter explaining how you are able to practice without a state license.**
- **Employment Verification: The Board received three verification of experience forms. The form submitted for Anchor Diagnostics must include dates in the highlighted section. Please resubmit including dates and hours worked per week. The verification from University of Miami cannot be accepted without a CLIA #.**

You can now follow the progress of your application through our website at: <https://ww2.doh.state.fl.us/mqaservices/login.asp>. If you did not apply for licensure through this screen, please select the 'Click HERE for New User Registration' option to create an account; otherwise, you may login using the same username and password used to apply for licensure. You must have a valid email address to create your account.

Once you are logged in, you will be prompted to onboard your application. Please follow the steps to complete this process. Upon completion, you will be directed to the Quick Start Menu. Under the Additional Activities section, select Application Status to review any open deficiencies, upload documents or print off instructional documents.

Please take whatever action is needed to ensure that the board receives the above information. Applications are valid for 12 months from the date received.

If I may assist you, please contact me at the address below, by telephone (850) 245-4355, or by e-mail at Ashley.Rogers@flhealth.gov.

Sincerely,

Ashley Rogers
Regulatory Specialist II

Florida Department of Health

Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C07 • Tallahassee, FL 32399-3257
PHONE: (850)245-4444 • FAX: (850) 922-8876



Accredited Health Department
Public Health Accreditation Board

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

July 18, 2016

Dominique Luciana Kirkland
20613 Nw 11th Ave
Miami Gardens, FL 33169

Dear Ms. Kirkland:

The Board of Clinical Laboratory Personnel was pleased to receive your application for licensure. A review of your file indicates that the following documents are pending:

- **Employment Verification:** The Board has received three verification of clinical experience forms. The form submitted for Quest Diagnostics must include the dates in the highlighted section. Please resubmit including dates and hours worked per week. The verification form from University of Miami cannot be accepted without a CLIA #.
- **OTHER:** Our records do not show that you currently hold or have held a license to practice in the state of Florida. The state of Florida does require licensure. You will need to have both your current and previous employers (*Anchor Diagnostics and University of Miami Toxicology Lab*) submit a letter explaining how you were/are able to practice without a state license.
- **National Exam:** Official verification of your certification must be submitted directly from the national board to our office at 4052 Bald Cypress Way, Bin # C07, Tallahassee, FL 32399 or, if the certifying agency submits it electronically, have it emailed to info@floridasclinicalabs.gov

You can now follow the progress of your application through our website at: <https://ww2.doh.state.fl.us/mqaservices/login.asp>. If you did not apply for licensure through this screen, please select the 'Click HERE for New User Registration' option to create an account; otherwise, you may login using the same username and password used to apply for licensure. You must have a valid email address to create your account.

Once you are logged in, you will be prompted to onboard your application. Please follow the steps to complete this process. Upon completion, you will be directed to the Quick Start Menu. Under the Additional Activities section, select Application Status to review any open deficiencies, upload documents or print off instructional documents.

Please take whatever action is needed to ensure that the board receives the above information. Applications are valid for 12 months from the date received.

If I may assist you, please contact me at the address below, by telephone (850) 245-4355, or by e-mail at Ashley.Rogers@flhealth.gov.

Sincerely,

Ashley Rogers
Regulatory Specialist II



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

July 14, 2016

Dominique Luciana Kirkland
20613 Nw 11th Ave
Miami Gardens, FL 33169

Dear Ms. Kirkland:

The Board of Clinical Laboratory Personnel was pleased to receive your application for licensure. A review of your file indicates that the following documents are pending:

- **Copies of your certificates of completion for 25 hours of Board-approved continuing education in Supervision and Administration approved for the Florida Board of Clinical Laboratory Personnel. To obtain information for continuing education courses, please contact CE Broker @ 1-877-434-6323 or www.cebroke.com**
- **National Exam: Official verification of your certification must be submitted directly from the national board to our office at 4052 Bald Cypress Way, Bin # C07, Tallahassee, FL 32399 or, if the certifying agency submits it electronically, have it emailed to info@floridasclinicallabs.gov**
- **Copy of the certificate of completion for 1 hour of HIV/AIDS education approved for the Florida Board of Clinical Laboratory Personnel. To obtain information for continuing education courses, please contact CE Broker @ 1-877-434-6323 or www.cebroke.com**
- **Employment Verification: 5 years of pertinent clinical lab experience, with at least 2 years' experience at the Technologist level, and at least 1 year experience in each specialty area for which licensure is sought**
- **OTHER: Notarized copy of application attestation form**

You can now follow the progress of your application through our website at:

<https://ww2.doh.state.fl.us/mqaservices/login.asp>. If you did not apply for licensure through this screen, please select the 'Click HERE for New User Registration' option to create an account; otherwise, you may login using the same username and password used to apply for licensure. You must have a valid email address to create your account.

Once you are logged in, you will be prompted to onboard your application. Please follow the steps to complete this process. Upon completion, you will be directed to the Quick Start Menu. Under the Additional Activities section, select Application Status to review any open deficiencies, upload documents or print off instructional documents.

Please take whatever action is needed to ensure that the board receives the above information. Applications are valid for 12 months from the date received.

If I may assist you, please contact me at the address below, by telephone (850) 245-4355, or by e-mail at Ashley.Rogers@flhealth.gov.

Sincerely,

Ashley Rogers
Regulatory Specialist II

Florida Department of Health

Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C07 • Tallahassee, FL 32399-3257
PHONE: (850)245-4444 • FAX : (850) 922-8876



Accredited Health Department
Public Health Accreditation Board

Confidential

Dominique L. Kirkland

Florida State University

Office of the Registrar
282 Champions Way
PO Box 3062480
Tallahassee, Florida 32306-2480
PERMANENT ACADEMIC RECORD
Student is in good standing and is eligible
to return unless otherwise stated.

Name: Dominique L Kirkland
Student ID: HMQACB
SSN:
Birthdate: 03/24/1979
Residency: Florida Resident (USA)
Print Date: 6/23/2016

HMQACB
JUN 27 2016

Charge - Official Transcript

ALL CREDIT HOURS ON THIS RECORD REFLECTED IN SEMESTER HOURS
May not be released to a third party without permission

Transfer Credits

Transfer Credit from Florida State Coll @ Jackson
Applied Toward Undergraduate Studies Program
1997

Course	Description	Grd	RP	Taken	Passed	Points
CHM1046	GEN CHEMISTRY II	C+		3.000	3.000	6.750
LIT2020	THE SHORT STORY	B-		3.000	3.000	8.250
MAC1113	ANALYTIC TRIGONOMETRY	B+		2.000	2.000	6.500
MUH3023	MIN MUS IN NORTH AMR	B+		3.000	3.000	9.750
SPN1121	EL SPANISH II	C		4.000	4.000	8.000
Term Totals:				15.000	15.000	39.250
Term GPA:				2.617		

Trm	Course	Description	Grd	GB	RP	Taken	Eval
SUMR	AMH2092	AFR AM HIS CULT	B			3.000	0.000
SUMR	BNC1101	ENG COMPSN I	A		D	3.000	6.000
SUMR	LIS20001	USE BOOKS & LIB	A			1.000	0.000
Term Totals:						7.000	0.000

1999 Summer

Beginning of Undergraduate Record

1997 Fall

Course	Description	Grd	RP	Taken	Passed	Points
BSC2010	BIOLOGICAL SCIENCE I	C+		3.000	3.000	6.750
MAC2311	CALC WANLYT GEOM I	C		4.000	4.000	8.000
Term Totals:				7.000	7.000	14.750
Term GPA:				2.107		

Course	Description	Grd	RP	Taken	Passed	Points
BNC1102	FRESHMAN WRITING LIT	B		3.000	3.000	9.000
MAC1102	BASIC COLLEGE ALGEBRA	B		3.000	3.000	9.000
PSY2012	GEN PSYCHOLOGY	B		3.000	3.000	9.000
THE3000	INTROD TO THEATRE	B		3.000	3.000	9.000
Term Totals:				12.000	12.000	36.000
Term GPA:				3.000		

1999 Fall

Course	Description	Grd	RP	Taken	Passed	Points
BSC2010	BIOLOGICAL SCIENCE II	C		3.000	3.000	6.000
BSC2011	ANIMAL DIVERSITY LAB	C		2.000	2.000	4.000
MAC2312	CALC WANLYT GEOM II	D	T	0.000	0.000	0.000
MUH2051	MUSIC WORLD CULTUR I	C		3.000	3.000	6.000
SPN2200	INTERMEDIATE SPANISH	B-		4.000	4.000	11.000
Term Totals:				12.000	12.000	27.000
Term GPA:				2.250		

Course	Description	Grd	RP	Taken	Passed	Points
CHM1045	GEN CHEMISTRY I	B		3.000	3.000	9.000
CHM1045L	GEN CHEM I LAB	B+		1.000	1.000	3.250
DAI1100	BEGIN CONTEM DANCE I	A-		2.000	2.000	8.000
MAC1140	PRESALCULUS ALGEBRA	C-		3.000	3.000	5.250
SDS4481	COMMUNIC & HUMAN REL	A-		3.000	3.000	11.250
SPC1600	FUNDAMENTALS SPEECH	B+		3.000	3.000	9.750
Term Totals:				15.000	15.000	46.500
Term GPA:				3.100		

2000 Spring

Course	Description	Grd	RP	Taken	Passed	Points
CHM2210	ORGANIC CHEMISTRY I	B-		3.000	3.000	6.000
CLT3041	GRK/LAT ELMTS IN VOC	B		3.000	3.000	9.000
MUN2311	CHORAL UNION	A-		1.000	1.000	3.750
NUR3195	INDIVL DEATH & FAMIL	A		2.000	2.000	8.000
PHY2053C	COLLEGE PHYSICS A	D	N	4.000	0.000	4.000
Term Totals:				13.000	6.000	24.750
Term GPA:				2.475		

1998 Fall

Course	Description	Grd	RP	Taken	Passed	Points
BSC2010	BIOLOGICAL SCIENCE I	WD		3.000	0.000	0.000
BSC2010L	BIOLOGICAL SCI I LAB	WD		1.000	1.000	4.000
CHM1046	GEN CHEMISTRY II	WD		3.000	0.000	0.000
CHM1046L	GEN CHEMISTRY II LAB	B		2.000	2.000	6.000
MAC1113	ANALYTIC TRIGONOMETRY	WD		2.000	0.000	0.000
SPN1120	ELEMENTARY SPN I	A-		4.000	4.000	15.000
Term Totals:				15.000	7.000	25.000
Term GPA:				3.571		

2000 Summer

Course	Description	Grd	RP	Taken	Passed	Points
CHM2210	ORGANIC CHEMISTRY I	C-		3.000	3.000	5.250
MAC2312	CALC WANLYT GEOM II	C	R	4.000	4.000	8.000
PCB3063	GENERAL GENETICS	C		3.000	3.000	6.000
Term Totals:				10.000	10.000	19.250
Term GPA:				1.925		

1999 Spring

Course	Description	Grd	RP	Taken	Passed	Points
CHM1046	GEN CHEMISTRY II	B		3.000	3.000	9.000
CHM1046L	GEN CHEMISTRY II LAB	B		1.000	1.000	3.250
MAC1113	ANALYTIC TRIGONOMETRY	B		3.000	3.000	9.000
SPN1120	ELEMENTARY SPANISH I	B		3.000	3.000	9.000
Term Totals:				10.000	10.000	30.250
Term GPA:				3.025		

Kimberly A. Barber, University Registrar

(Handwritten signature)

CONFIDENTIAL RECORD ISSUED IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

CHREDS INMS SECURITY SEAL IN THE CORNER SHOULD BE PRESENT ON ALL OFFICIAL DOCUMENTS

A SECURITY STATEMENT APPEARS WHEN PHOTOCOPIED A BLACK AND WHITE DOCUMENT IS NOT OFFICIAL



CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE

Florida Department of Health Board of Clinical Laboratory Personnel

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

Name: KIRKLAND DOMINIQUE LUCIANA
Last First Middle

Social Security Number: _____

APPLICANT HISTORY: (If you answer YES to the following questions, please provide additional sheets, the relevant dates and circumstances of such treatment and/or addiction along with the names and addresses of the medical practitioners or hospitals who performed such treatment.)

1. In the last five years, have you been enrolled in, required to enter into, or participated in any drug and/or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?
2. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?
3. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder or that has impaired your ability to practice within the past five years?
4. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice?
5. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?
6. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice within the last five years?

4052 Bald Cypress Way, Bin # C07
Tallahassee, Florida 32399-3257

Barry University

1100 SECOND AVENUE
MIAMI SHORES, FLORIDA 33139

PERMANENT ACADEMIC RECORD

REJECT TO CURRICULUM SIGNATURE BELOW IS DISTORTED



Cynthia [Name] English
[Signature]

OFFICIAL SIGNATURE WHITE WITH A RED BACKGROUND

Page 1 of 1

BRANCH

MIAMI



Ms. Dominica
20508 NW 9 Avenue
Miami Gardens FL 33056

COURSE	ATTN	CRS	PTS	GRADE	END OF TERM
BMS 551B	03	3	3.0	12.0	12/11/05
BMS 551B	05	3	3.0	9.0	05/08
BMS 551B	10	3	3.0	9.0	05/08
BMS 551B	15	3	3.0	9.0	05/08
BMS 551B	20	3	3.0	9.0	05/08
BMS 551B	25	3	3.0	9.0	05/08
BMS 551B	30	3	3.0	9.0	05/08
BMS 551B	35	3	3.0	9.0	05/08
BMS 551B	40	3	3.0	9.0	05/08
BMS 551B	45	3	3.0	9.0	05/08
BMS 551B	50	3	3.0	9.0	05/08
BMS 551B	55	3	3.0	9.0	05/08
BMS 551B	60	3	3.0	9.0	05/08
BMS 551B	65	3	3.0	9.0	05/08
BMS 551B	70	3	3.0	9.0	05/08
BMS 551B	75	3	3.0	9.0	05/08
BMS 551B	80	3	3.0	9.0	05/08
BMS 551B	85	3	3.0	9.0	05/08
BMS 551B	90	3	3.0	9.0	05/08
BMS 551B	95	3	3.0	9.0	05/08
BMS 551B	100	3	3.0	9.0	05/08
BMS 551B	105	3	3.0	9.0	05/08
BMS 551B	110	3	3.0	9.0	05/08
BMS 551B	115	3	3.0	9.0	05/08
BMS 551B	120	3	3.0	9.0	05/08
BMS 551B	125	3	3.0	9.0	05/08
BMS 551B	130	3	3.0	9.0	05/08
BMS 551B	135	3	3.0	9.0	05/08
BMS 551B	140	3	3.0	9.0	05/08
BMS 551B	145	3	3.0	9.0	05/08
BMS 551B	150	3	3.0	9.0	05/08
BMS 551B	155	3	3.0	9.0	05/08
BMS 551B	160	3	3.0	9.0	05/08
BMS 551B	165	3	3.0	9.0	05/08
BMS 551B	170	3	3.0	9.0	05/08
BMS 551B	175	3	3.0	9.0	05/08
BMS 551B	180	3	3.0	9.0	05/08
BMS 551B	185	3	3.0	9.0	05/08
BMS 551B	190	3	3.0	9.0	05/08
BMS 551B	195	3	3.0	9.0	05/08
BMS 551B	200	3	3.0	9.0	05/08
BMS 551B	205	3	3.0	9.0	05/08
BMS 551B	210	3	3.0	9.0	05/08
BMS 551B	215	3	3.0	9.0	05/08
BMS 551B	220	3	3.0	9.0	05/08
BMS 551B	225	3	3.0	9.0	05/08
BMS 551B	230	3	3.0	9.0	05/08
BMS 551B	235	3	3.0	9.0	05/08
BMS 551B	240	3	3.0	9.0	05/08
BMS 551B	245	3	3.0	9.0	05/08
BMS 551B	250	3	3.0	9.0	05/08
BMS 551B	255	3	3.0	9.0	05/08
BMS 551B	260	3	3.0	9.0	05/08
BMS 551B	265	3	3.0	9.0	05/08
BMS 551B	270	3	3.0	9.0	05/08
BMS 551B	275	3	3.0	9.0	05/08
BMS 551B	280	3	3.0	9.0	05/08
BMS 551B	285	3	3.0	9.0	05/08
BMS 551B	290	3	3.0	9.0	05/08
BMS 551B	295	3	3.0	9.0	05/08
BMS 551B	300	3	3.0	9.0	05/08
BMS 551B	305	3	3.0	9.0	05/08
BMS 551B	310	3	3.0	9.0	05/08
BMS 551B	315	3	3.0	9.0	05/08
BMS 551B	320	3	3.0	9.0	05/08
BMS 551B	325	3	3.0	9.0	05/08
BMS 551B	330	3	3.0	9.0	05/08
BMS 551B	335	3	3.0	9.0	05/08
BMS 551B	340	3	3.0	9.0	05/08
BMS 551B	345	3	3.0	9.0	05/08
BMS 551B	350	3	3.0	9.0	05/08
BMS 551B	355	3	3.0	9.0	05/08
BMS 551B	360	3	3.0	9.0	05/08
BMS 551B	365	3	3.0	9.0	05/08
BMS 551B	370	3	3.0	9.0	05/08
BMS 551B	375	3	3.0	9.0	05/08
BMS 551B	380	3	3.0	9.0	05/08
BMS 551B	385	3	3.0	9.0	05/08
BMS 551B	390	3	3.0	9.0	05/08
BMS 551B	395	3	3.0	9.0	05/08
BMS 551B	400	3	3.0	9.0	05/08
BMS 551B	405	3	3.0	9.0	05/08
BMS 551B	410	3	3.0	9.0	05/08
BMS 551B	415	3	3.0	9.0	05/08
BMS 551B	420	3	3.0	9.0	05/08
BMS 551B	425	3	3.0	9.0	05/08
BMS 551B	430	3	3.0	9.0	05/08
BMS 551B	435	3	3.0	9.0	05/08
BMS 551B	440	3	3.0	9.0	05/08
BMS 551B	445	3	3.0	9.0	05/08
BMS 551B	450	3	3.0	9.0	05/08
BMS 551B	455	3	3.0	9.0	05/08
BMS 551B	460	3	3.0	9.0	05/08
BMS 551B	465	3	3.0	9.0	05/08
BMS 551B	470	3	3.0	9.0	05/08
BMS 551B	475	3	3.0	9.0	05/08
BMS 551B	480	3	3.0	9.0	05/08
BMS 551B	485	3	3.0	9.0	05/08
BMS 551B	490	3	3.0	9.0	05/08
BMS 551B	495	3	3.0	9.0	05/08
BMS 551B	500	3	3.0	9.0	05/08
BMS 551B	505	3	3.0	9.0	05/08
BMS 551B	510	3	3.0	9.0	05/08
BMS 551B	515	3	3.0	9.0	05/08
BMS 551B	520	3	3.0	9.0	05/08
BMS 551B	525	3	3.0	9.0	05/08
BMS 551B	530	3	3.0	9.0	05/08
BMS 551B	535	3	3.0	9.0	05/08
BMS 551B	540	3	3.0	9.0	05/08
BMS 551B	545	3	3.0	9.0	05/08
BMS 551B	550	3	3.0	9.0	05/08
BMS 551B	555	3	3.0	9.0	05/08
BMS 551B	560	3	3.0	9.0	05/08
BMS 551B	565	3	3.0	9.0	05/08
BMS 551B	570	3	3.0	9.0	05/08
BMS 551B	575	3	3.0	9.0	05/08
BMS 551B	580	3	3.0	9.0	05/08
BMS 551B	585	3	3.0	9.0	05/08
BMS 551B	590	3	3.0	9.0	05/08
BMS 551B	595	3	3.0	9.0	05/08
BMS 551B	600	3	3.0	9.0	05/08
BMS 551B	605	3	3.0	9.0	05/08
BMS 551B	610	3	3.0	9.0	05/08
BMS 551B	615	3	3.0	9.0	05/08
BMS 551B	620	3	3.0	9.0	05/08
BMS 551B	625	3	3.0	9.0	05/08
BMS 551B	630	3	3.0	9.0	05/08
BMS 551B	635	3	3.0	9.0	05/08
BMS 551B	640	3	3.0	9.0	05/08
BMS 551B	645	3	3.0	9.0	05/08
BMS 551B	650	3	3.0	9.0	05/08
BMS 551B	655	3	3.0	9.0	05/08
BMS 551B	660	3	3.0	9.0	05/08
BMS 551B	665	3	3.0	9.0	05/08
BMS 551B	670	3	3.0	9.0	05/08
BMS 551B	675	3	3.0	9.0	05/08
BMS 551B	680	3	3.0	9.0	05/08
BMS 551B	685	3	3.0	9.0	05/08
BMS 551B	690	3	3.0	9.0	05/08
BMS 551B	695	3	3.0	9.0	05/08
BMS 551B	700	3	3.0	9.0	05/08
BMS 551B	705	3	3.0	9.0	05/08
BMS 551B	710	3	3.0	9.0	05/08
BMS 551B	715	3	3.0	9.0	05/08
BMS 551B	720	3	3.0	9.0	05/08
BMS 551B	725	3	3.0	9.0	05/08
BMS 551B	730	3	3.0	9.0	05/08
BMS 551B	735	3	3.0	9.0	05/08
BMS 551B	740	3	3.0	9.0	05/08
BMS 551B	745	3	3.0	9.0	05/08
BMS 551B	750	3	3.0	9.0	05/08
BMS 551B	755	3	3.0	9.0	05/08
BMS 551B	760	3	3.0	9.0	05/08
BMS 551B	765	3	3.0	9.0	05/08
BMS 551B	770	3	3.0	9.0	05/08
BMS 551B	775	3	3.0	9.0	05/08
BMS 551B	780	3	3.0	9.0	05/08
BMS 551B	785	3	3.0	9.0	05/08
BMS 551B	790	3	3.0	9.0	05/08
BMS 551B	795	3	3.0	9.0	05/08
BMS 551B	800	3	3.0	9.0	05/08
BMS 551B	805	3	3.0	9.0	05/08
BMS 551B	810	3	3.0	9.0	05/08
BMS 551B	815	3	3.0	9.0	05/08
BMS 551B	820	3	3.0	9.0	05/08
BMS 551B	825	3	3.0	9.0	05/08
BMS 551B	830	3	3.0	9.0	05/08
BMS 551B	835	3	3.0	9.0	05/08
BMS 551B	840	3	3.0	9.0	05/08
BMS 551B	845	3	3.0	9.0	05/08
BMS 551B	850	3	3.0	9.0	05/08
BMS 551B	855	3	3.0	9.0	05/08
BMS 551B	860	3	3.0	9.0	05/08
BMS 551B	865	3	3.0	9.0	05/08
BMS 551B	870	3	3.0	9.0	05/08
BMS 551B	875	3	3.0	9.0	05/08
BMS 551B	880	3	3.0	9.0	05/08
BMS 551B	885	3	3.0	9.0	05/08
BMS 551B	890	3	3.0	9.0	05/08
BMS 551B	895	3	3.0	9.0	05/08
BMS 551B	900	3	3.0	9.0	05/08
BMS 551B	905	3	3.0	9.0	05/08
BMS 551B	910	3	3.0	9.0	05/08
BMS 551B	915	3			

National Registry of Certified Chemists

125 Rose Ann Lane, West Grove, Pennsylvania, USA 19390
610-322-0657 / 800-858-6273 Fax / rphifer@nrcc6.org

American Chemical Society
American Institute of Chemists
American Board of Clinical Chemistry
American Industrial Hygiene Association
National Academy of Clinical Biochemistry
American Association for Clinical Chemistry



June 24, 2016

Florida Department of Health
Department of Health/Bureau of HCPR
Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin C07
Tallahassee, Florida 32399-3257
Attn: Kelly Woodward

Re: Dominique Kirkland

Dominique Kirkland has applied for Florida licensure, and has asked me to confirm that she has passed the NRCC Toxicological Chemist Board certification examination. Her registration number is 4236; she passed the exam on June 18, 2016 in Miami. Her certification is current through the end of 2016.

Please let me know if you need any other verification.

Sincerely,

NATIONAL REGISTRY OF CERTIFIED CHEMISTS

Russell Phifer
Executive Director

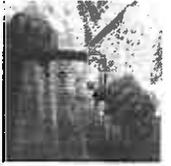
National Registry of Certified Chemists

125 Rose Ann Lane, West Grove, Pennsylvania, USA 19390
610-322-0657 / 800-858-6273 Fax / rphifer@nrcc6.org

HMQACB

JUL 25 2016

American Chemical Society
American Institute of Chemists
American Board of Clinical Chemistry
American Industrial Hygiene Association
National Academy of Clinical Biochemistry
American Association for Clinical Chemistry



July 13, 2016

Florida Department of Health
Department of Health/Bureau of HCPR
Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin C07
Tallahassee, Florida 32399-3257
Attn: Kelly Woodward

HMQACB

JUL 25 2016

Re: Dominique Kirkland

Dominique Kirkland has applied for Florida licensure, and has asked me to confirm that she has passed the NRCC Toxicological Chemist Board certification examination. Her registration number is 4236; she passed the exam on June 18, 2016 in Miami. Her certification is current through the end of 2016.

Please let me know if you need any other verification.

Sincerely,

NATIONAL REGISTRY OF CERTIFIED CHEMISTS

Russell Phifer
Executive Director

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

Via email: dlinkirkland@aol.com

September 4, 2016

Dominique Kirkland
20613 NW 11th Avenue
Miami Gardens, Florida 33169.

Re: Board of Clinical Laboratory Personnel
Dominique Kirkland

Dear Ms. Kirkland:

Please be advised that the above-referenced case is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on October 11, 2016, commencing at 9:00 a.m., or soon thereafter. This meeting will be held at the Department of Health, 4042 Bald Cypress Way, Tallahassee, Florida at meet me number (888) 670-3525, participant code 7342425515.

The meeting is public and your participation in the discussion of the review will be dependent on the policy and procedures recognized by the Chairperson of the panel.

This letter shall be considered your Notice of Clinical Laboratory Personnel Meeting for review of the matter described above.

Sincerely,

Karen Miller
Administrative Assistant

klm