

The Florida Board of Clinical Laboratory Personnel will hold a meeting on Friday, December 2, 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. APPROVAL OF MINUTES:

- a. September 9, 2016 – Draft

III. PETITIONS FOR WAIVER AND VARIANCE:

- a. Clifford M. Morris
- b. Miguel H. Estevez
- c. Gregory S. Hendricks
- d. William Marena
- e. Teresa Phillips

IV. APPLICANTS PRESENTED FOR BOARD REVIEW:

- a. Cheska Burleson
- b. Mark Keen
- c. Nicholas Dragun
- d. Supervisor
Laura Kuras
Joshua Quintanilla
Dominique Kirkland
Lerene Archer
- e. Technologist
Yeni Boaez

- f. Trainee
Brianna Jo Brown
Jenny G. Perez

V. RATIFICATION:

- a. Licensure
Clinical Laboratory Personnel
Clinical Laboratory Personnel Trainees
Clinical Laboratory Personnel Training Program
- b. Continuing Education
Report of Continuing Education Providers & Courses approved by CE
Report of Continuing Education Providers & Courses approved by Board Staff

VI. PROSECUTION REPORT:

VII. RULE 64B3-5.007:

VIII. BOARD COUNSEL REPORT:

- a. Rules Report September 2016
- b. Rules Report October 2016
- c. 2016-2017 Annual Regulatory Plan
- d. Quasi-Judicial/Quasi-Legislative

IX. 64B3-2.003 DEFINITIONS:

X. APPLICATION RULES:

- a. 64B3-5.002 SUPERVISOR
- b. 64B3-5.003 TECHNOLOGIST
- c. 64B3-5.004 TECHNICIAN
- d. 64B3-5.008 PUBLIC HEALTH LABORATORY PERSONNEL

XI. CHAIR/VICE CHAIR REPORT:

XII. EXECUTIVE DIRECTOR'S REPORT:

XIII. OLD BUSINESS:

XIV. NEW BUSINESS:

- a. Scope of Practice – Andrology and Embryology

XV. COMMITTEE REPORTS:

- a. Budget – Dr. Morgan
- b. Continuing Education – Ms. Valdes
- c. Credentials – Ms. Van Siclen
- d. Disciplinary Compliance – Dr. Montoya
- e. Examination – Dr. Montoya
- f. Healthiest Weight – Ms. Valdes
- g. Legislation – Dr. Montoya
- h. Probable Cause – Dr. Morgan
- i. Professional Association – Mr. Shelfer
- j. Rules – Ms. Van Siclen
- k. Training Program – Mr. Shelfer
- l. Unlicensed Activity – Ms. Valdes

XVI. NEXT MEETING DATE – March 10, 2017

XVII. ADJOURNMENT

1 The Florida Board of Clinical Laboratory Personnel held a meeting on Friday, August 26,
2 2016, commencing at 9:00 a.m. This meeting was held at the Department of Health,
3 4042 Bald Cypress Way, Tallahassee, Florida at meet me number (888) 670-3525,
4 participant code 7342425515, to which all persons were invited to attend. Participants in
5 this public meeting were made aware that these proceedings are being recorded and that
6 an audio file of the meeting will be posted to the board's website.

7
8 **AGENDA**

9
10 **General Board Business started: 9:00a.m.**

11
12 **I. CALL TO ORDER (Roll Call):**

13 The meeting was called to order by Ms. Van Siclen, Chair, at approximately 9:00 a.m. Those present
14 for all or part of the meeting included the following:

15
16 **BOARD MEMBERS:**

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

23
24 **BOARD STAFF:**

25 Dr. Anthony Spivey, Executive Director
26 Gail Curry, Program Operations Administrator
27 Savada Knight, Regulatory Supervisor
28 Brandi May, Regulatory Supervisor
29 Austin Fletcher, Regulatory Specialist II
30 Kelly Woodard, Regulatory Specialist II

31
32 **BOARD COUNSEL:**

33 Deborah Loucks, Assistant Attorney General
34 Office of Attorney General

35
36 **COURT REPORTER:**

37 For the Record
38 (850) 222-5491

39
40 *Please note the minutes reflect the actual order agenda items were discussed and may differ from*
41 *the agenda outline. AUDIO from this meeting can be found online: <http://floridasclinicallabs.gov/>*

42
43
44 **General Board Business ended at 9:04 a.m.**
45 **Section II started at 9:04 a.m.**

46
47 **II. APPROVAL OF MINUTES:**
48

1 a. June 10, 2016 – Orlando

2
3 b. CORRECTIONS:

4 Page 3, section 3b – Action: McCarter is misspelled

5 Page 4, Agenda is misspelled

6 Page 18, next is misspelled

7
8 **ACTION:** Motion to approve the June 6 minutes, with corrections, was
9 made by Ms. Montoya , seconded by Dr. Valdes.

10 Vote: 6 yeas / 0 opposed; motion carried

11
12
13 Section II ended at 9:08 a.m.

14 Section III started at 9:08 a.m.

15
16 **III. PETITIONS:**

17
18 a. Declaratory Statement

19
20 Ms. Valdes has recused herself from the discussion.

21
22 i. **Martha Hustek**

23
24 Deborah Loucks explained the purpose of a Declaratory Statement.
25 For people who are substantially affected by our rules to ask the
26 Board to interpret the statutes and rules based on their particular
27 circumstances and what they intend to do would be impacted by
28 your rule.

29
30 Asking for the Board to issue a declaratory statement to determine if
31 a certain test or testing procedures fall within the rules.

32
33 Ms. Loucks explained that the Board may want to decline to answer
34 this declaratory statement and go to Rule making to address the
35 particular test or procedure.

36
37 Ms. Hustek explained her situation and the exam she wishes to
38 address.

39
40 Ms. Hustek would like to withdraw the Declaratory Statement.

41
42 **ACTION:** Motion to accept the withdrawal was made by Ms. Van
43 Sielen seconded by Mr. Shelfer.

44 Vote: 6 yeas / 0 opposed; motion carried

1 a. Variance/Waiver –
2

3 Jullian Ewel and Brian Morales will be taken together as they are
4 requesting the
5

6 i. **Jillian Ewel**

7 Present without council
8

9 **Discussion:** Has completed her bachelor's degree and extensive
10 Biology background from the degree. Enrollment in the program
11 would cause a hardship for her. Ms. Loucks explained the Board
12 needs to approve these 2 Training licenses based on the fact that
13 the time to consider was not timely.
14

15 **ACTION:** Motion to approve the petition for variance was made
16 by Ms. Van Siclen seconded by Dr. McCarter.

17 Vote: 6 yeas / 0 opposed; motion carried
18

19 ii. **Brian Morales**

20 Present without council
21

22 **Discussion:** Same as Jullian Ewel
23

24 **ACTION:** Motion to approve the Manner of Application was
25 made by Ms. Van Siclen seconded by Dr. McCarter.

26 Vote: 6 yeas / 0 opposed; motion carried
27

28 iii. **Jami Lynn Perry**

29 Present without council
30

31 **Discussion:** The rule was addressed and defined. Education was
32 reviewed. Educational requirements have not been meant. Ms.
33 Perry needs 8 hours Academic Sciences.
34

35 **ACTION:** Motion to deny, doesn't meet the purpose of the
36 petition the Manner of Application was made by Ms. Morgan,
37 seconded by Ms. Valdez.

38 Vote: 6 yeas / 0 opposed; motion carried
39

40 Ms. Perry was given the opportunity to withdraw her application.
41 She chose to leave the application open until she gets the
42 additional hours. She waives the 90 day requirement.
43

44 iv. **Chadley Sandberg**

45 Not present, not represented by council

46 Wants to waive the rule for CE biennium so he can use the CE for

the 2018 renewal.

Discussion: N/A

ACTION: Motion to accept the waiver of the rule was made by Ms. Morgan, seconded by Dr. Montoya.
Vote: 5 yeas / 1 opposed; Van Siclen, motion carried

v. Jennifer Lombard

Present, not represented by council
Requesting variance/waiver of Rule 64B3-5.003

Discussion: It was noted that Rule 64B3.10.005(3)(14) allows Ms. Lombard to perform these tasks with her current license.

Ms. Lombard was given the opportunity to withdraw her petition.

ACTION: Motion to accept the withdrawal of her petition for waiver/variance was made by Ms. Van Siclen seconded by Dr. McCarter.
Vote: 6 yeas / 0 opposed; motion carried

ACTION: Motion to accept the withdrawal of her application was made by Ms. Van Siclen seconded by Ms. Valdez.
Vote: 6 yeas / 0 opposed; motion carried

vi. Steve Charles

Reconsideration
Present/no council
Asking for reconsideration as it relates to the Micro Biology.

Deborah Loucks clarified that this variance/waiver is no different than the one he filed the first time.

ACTION: Motion to accept reconsideration was made by Dr. Morgan, seconded by Mr. Shelfer.
Vote: 6 yeas / 0 opposed; motion carried

Discussion: Mr. Charles gave a description of his situation and experience, referencing Statute 489.04.

ACTION: Motion to accept reconsideration was made by Dr. Morgan seconded by Mr. Shelfer.
Vote: 6 yeas / 0 opposed; motion carried

ACTION: Motion to deny microbiology Clinical Lab experience

1 was made by Dr. McCarter seconded by Ms. Valdes.
2 Vote: 6 yeas / 0 opposed; motion carried
3

4 **Section III ended at 10:43 a.m.**
5 **BREAK**
6 **Section IV started at 10:57 a.m.**
7

8 Roll call by Dr. Spivey
9 All present
10

11 **IV. APPLICANTS PRESENTED FOR BOARD REVIEW:**

12 a. Supervisor –
13

14 **Taken out of order**
15

16 **i. Lindsey Whittington**
17 Present/without council
18

19 **Discussion:** Ms. Whittington gave a description of her academic
20 transcript. She is asking to use the transcripts for her 2 hours of
21 academic science.
22

23
24 **ACTION:** Motion to accept application for licensure was made by
25 Ms. Van Siclen seconded by Mr. Shelfer.
26 Vote: 6 yeas / 0 opposed; motion carried
27

28 **ii. Donald MacLaren**
29 Present/without council
30

31 **Discussion:** Clarification between Canadian education and U.S.
32 education was held.
33

34 **ACTION:** Motion to accept education for licensure was
35 made by Ms. Van Siclen seconded by Ms. Valdes.
36 Vote: 6 yeas / 0 opposed; motion carried
37

38 **b. Technologist –**
39

40 **i. June Caquiat**
41 Present/without council
42

43 **Discussion:** Ms. Caquiat explained the issues concerning her
44 pending unlicensed activity.
45

46 **ACTION:** Motion to approve the application without conditions
47 was made by Ms. Valdes, seconded by Dr. McCarter.

1 Vote: 6 yeas / 0 opposed; motion carried

2
3 **Supervisor (taken out of order)**

4
5 i. **Nell Ivy S. Montes Go**

6 Not present/no council

7
8 **Discussion:** Education was discussed and does not meet the
9 requirements for licensure.

10
11 **ACTION:** Motion to deny the application for Supervisor was
12 made by Dr. McCarter, seconded by Ms. Van Siclen

13 Vote: 6 yeas / 0 opposed; motion carried

14
15 iii. **Shemaiah Libman**

16 Not present/no council

17
18 **Discussion:** Education was discussed and does not meet the
19 requirements for licensure.

20
21
22 **ACTION:** Motion to deny the application because he doesn't meet
23 the education requirements made by Ms. Van Siclen

24
25 **ACTION:** Revised motion to accept application contingent upon
26 completion of education by December 31 was made by Ms. Van
27 Siclen, seconded by Dr. McCarter.

28 Vote: 6 yeas / 0 opposed; motion

29
30 **Technologist (taken out of order)**

31
32 **Lisa Bochenek**

33 Not present/no council

34
35 **Discussion:** Board wants Ms. Leach to appear at one of the next 2
36 Board meetings to address this issue. Board Staff will require her to
37 provide ability to practice safely.

38
39
40 **ACTION:** Motion to have Ms. Leach to appear at one of the next
41 2 Board meetings to address this issue. Board Staff will require her
42 to provide ability to practice safely was made by Ms. Van Siclen,
43 seconded by Dr. McCarter.

44 Vote: 6 yeas / 0 opposed; motion

45
46 i. **Joseph Rantus**

Not present/no council

Discussion: Education was reviewed. It was determined that there is insufficient education for licensure.

ACTION: Motion to deny the application due to insufficient education was made by Ms. Valdes, seconded by Mr. Shelfer.
Vote: 6 yeas / 0 opposed; motion carried

Lauren Leach
Not present/without council

Discussion: Clarification between Canadian education and U.S. education was held.

ACTION: Motion to accept education for licensure was made by Ms. Van Sielen seconded by Ms. Valdes.
Vote: 6 yeas / 0 opposed; motion carried

Section IV ended at 11:50 a.m.
Section V started at 11:50 a.m.

V. RATIFICATION:

a. Licensure -

i. Clinical Laboratory Personnel

ACTION: Motion to approve Clinical Laboratory Personnel licenses 48092 - 48130 was made by Ms. Morgan, seconded by Dr. McCarter.
Vote: 6 yeas / 0 opposed; motion carried

ii. Clinical Laboratory Personnel Trainees

ACTION: Motion to approve Clinical Laboratory Personnel Trainees licenses 11138 - 11282 was made by Mr. Shelfer, seconded by Dr. Montoya.
Vote: 6 yeas / 0 opposed; motion carried

iii. Clinical Laboratory Personnel Training Program

ACTION: Motion to approve Clinical Laboratory Personnel Training Program 299 was made by Mr. Shelfer, seconded by Dr. Montoya.
Vote: 6 yeas / 0 opposed; motion carried

1
2 Mr. Shelfer will now approve Training Programs.

3
4 b. Continuing Education –

- 5
6 i. CE Providers and Courses Approved by CE
7 Committee Chair

8
9 **ACTION:** Motion to accept ratification was made by
10 Ms. McCarter, seconded by Dr. Montoya.
11 Vote: 6 yeas / 0 opposed; motion

- 12
13 ii. CE Providers and Courses Approved by Board Staff

14
15 **ACTION:** Motion to accept ratification was made by
16 Mr. Shelfer, seconded by Dr. Montoya.
17 Vote: 6 yeas / 0 opposed; motion

18
19 **Section V ended at 12:02 p.m.**
20 **Section VI started at 12:02 p.m.**

21
22
23 **VI. PROSECUTION REPORT:**

24
25 Report was reviewed in IViewer.

26
27 **ACTION:** Motion to accept Prosecution Report was
28 made by Ms. Van Sichen seconded by Dr. McCarter.
29 Vote: 6 yeas / 0 opposed; motion carried

30
31 **ACTION:** Motion to allow Prosecution Services to continue to work cases that are
32 over 1 year old was made by Ms. Van Sichen seconded by Dr. Montoya.
33 Vote: 6 yeas / 0 opposed; motion carried

34
35 **Section VII ended at 12:05 p.m.**
36 **Section VIII started at 12:05 p.m.**

37
38 **VII. BOARD COUNSEL REPORT:**

39
40
41 A letter was received by a former Board member addressing NRCC toxicology
42 exam. It is for review. Rule 64B3 -5.007 will be put on the next agenda for
43 discussion.

44
45 Rule for Director needs to be reviewed at next meeting.
46

1 Ms. Loucks explained that the CLP rules need to be updated in the matrices on the
2 application.

3
4 Director applications that are using the NRCC exam need to go to Dr. McCarter.

5
6 Ms. Van Siclen would like to look at scope of practice for andrology and
7 embryology at the next meeting.

8
9 Look at the rules that talk about educating the facilities on work experience. If they
10 are working in another State it counts, but not in Florida.

11
12 **Section VII ended at 12:20 p.m.**

13 **Section V started at 12:23 p.m.**

14
15 *****Back to the Ratification**

16
17 American Health Institute

18
19 **ACTION:** Motion to approve was made by Mr. Shelfer, seconded by
20 Dr. McCarter.

21 Vote: 6 yeas / 0 opposed; motion

22
23 **Section V ended at 12:26 p.m.**

24 **Section VIII started at 12:26 p.m.**

25
26 **VIII. CHAIR/VICE CHAIR REPORT:**

27
28 a. Future Agenda Items

29
30 There is a Chair/Vice Chair meeting in Tallahassee on September 28.

31
32 September 14 – October 5 Ms. Valdes will be out of the country. Dr.
33 McCarter will fill in for her.

34
35 A letter was drafted by Ms. Van Siclen to send to Gov. Scott. Dr. Spivey said
36 it has already been mailed.

37
38 **Section VIII ended at 12:29 p.m.**

39 **Section IX started at 12:29 p.m.**

40
41 **IX. EXECUTIVE DIRECTOR'S REPORT:**

42
43 Dr. Spivey reminded everyone of the Healthy Weight meeting on September 27.
44 There will be a Budget meeting right after the Healthy Weight meeting. On
45 September 28 there will be a Chair/Vice Chair meeting. Ms. Van Siclen will attend
46 all of these meetings.

47
48 **Section IX ended at 12:31 p.m.**

1 Section X started at 12:31 p.m.

2
3 **X. PUBLIC COMMENTS:**

4
5 Dawn Tripolino addressed the Board concerning the Nursing degree be deemed
6 equivalent to Biological Science degree. Ms. Loucks explained that the Board would
7 have to change the rule to allow this to happen. The Board is not allowed to make a
8 statement.

9
10 Section X ended at 12:33 p.m.

11 Section XI started at 12:33 p.m.

12
13 **XI. OLD BUSINESS:**

14
15 None

16
17 Section XI ended at 12:34 p.m.

18 Section XII started at 12:34 p.m.

19
20 **XII. NEW BUSINESS:**

21
22 Is there a process for an onsite inspection for the Training Programs? Possibly
23 develop some language for a Rule that would require an inspection.

24
25 Put on the next agenda to look at the Board website to have a link to file an
26 anonymous complaint.

27
28 Section XII ended at 12:43 p.m.

29 Section XIII started at 12:43 p.m.

1
2
3 **XIII. COMMITTEE REPORTS:**
4

- 5 a. Budget – Dr. Morgan
6 Nothing to report
7
8 b. Continuing Education – Ms. Valdes
9 Nothing to report
10
11 c. Credentials – Dr. McCarter
12 Nothing to report
13
14 d. Disciplinary Compliance –Dr. Montoya
15 Nothing to report
16
17 e. Examination – Dr. Montoya
18 Nothing to report
19
20 f. Healthiest Weight – Ms. Valdes
21 Nothing to report
22
23 g. Legislation – Dr. McCarter
24 Nothing to report
25
26 h. Probable Cause – Dr. Morgan
27 Nothing to report
28
29 i. Professional Association – Mr. Shelfer
30 Nothing to report
31
32 j. Rules – Ms. Van Siclen
33 Nothing to report
34
35 k. Training Program – Mr. Shelfer
36 Nothing to report
37
38 l. Unlicensed Activity – Ms. Valdes
39 Nothing to report
40

41 **Section XIII ended at 12:44 p.m.**

42 **Section XIV started at 12:44 p.m.**
43

44 **XIV. NEXT MEETING DATE:**
45

- 46 a. December 2, 2016 – Orlando
47

1 Section XIV ended at 12:45 p.m.

2 Section XV started at 12:45 p.m.

3
4 **XV. 2017 PROPOSED MEETING DATES:**

- 5
6 a. March 10, 2017 – Orlando
7 b. June 2, 2017 – Conference Call
8 c. September 29, 2017 – Orlando
9 d. December 1, 2017 – Conference Call

10
11 Section XV ended at 12:47 p.m.

12 Section XVI started at 12:47 p.m.

13
14 **XI. ADJOURNMENT**

15
16 The meeting was adjourned at 12:47 p.m.
17
18
19

CONFIDENTIAL AND EXEMPT MATERIALS

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456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

C:6601

NA

28-104.002 Petition for Variance or Waiver:

(a) Petition for Variance/Waiver of Rule Chapter 64B3-5.003

(b) Clifford Michael Morris
3064 Carl Bolter Dr., Delray Beach, Florida, 33444
cmorri62@fau.edu
(561) 758 5633

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK:

DATE

Andra Bearden
9.19.16

(d) I am seeking variance or waiver from the following: **64B3-5.003 Technologist**. (1) Technologist Qualifications in Clinical Chemistry. Specifically, Option 1: Training/Experience Required.

(e) Citation of Rule: **64B3-5.003 Technologist**.

<https://www.flrules.org/gateway/RuleNo.asp?title=QUALIFICATIONS%20FOR%20LICENSURE&ID=64B3-5.003>

(f) Request to Remove (Waive) or significantly reduce (Variance) the Experience Required to attain Florida Technologist Licensure based on the facts stated in (g) below.

(g) As I will outline the details below; in my specific case here and under the current statutes of rules outlining the experience required for a Florida Licenced Technologist, I seek a variance or waiver of the rule based on my education as well as the fact that under the current statutes of rules, I will be eligible for a Florida Clinical Laboratory Director License before I will a Technologist License due to a discrepancy in the rulemaking in my specific case.

I received my Bachelor of Science in Chemistry with a Specialization in Biochemistry in August 2013 from Florida Atlantic University. I proceeded to continue and attained a Master of Science degree in Chemistry in August 2015. Currently, I am a PhD Chemistry Candidate at FAU and scheduled to graduate in August 2018. My research and coursework specializes in the quantification and elucidation of the biomechanisms of neuropathophysiological human diseases such as Alzheimer's and Parkinson's Disease. I have immense background and hands-on laboratory research experience in Chemistry, Biochemistry and Quantitative Analysis, which make my experience very appropriate for a Clinical Laboratory setting. I have over 60 credits specifically in Chemistry, Biochemistry, Biology, Microbiology and Mathematics as well as multiple Journal Publications, which prove my proficiency in the subject material and labwork. I have included my resume* after this petition section for your convenience.

On August 08 2016, I began working in a Clinical Toxicology Laboratory as a LC/MS Chemist. I am currently eligible to take the American Association for Bioanalysts (AAB) Exam for a Medical Technologist (MT) Clinical Chemistry certification. According to rules outlined by AAB (<http://www.aab.org/aab/mt.asp>) the fact that I have Bachelor and Master degrees in Chemistry and Biochemistry means that I am fully eligible to take the AAB MT certification exam immediately, which in turn will satisfy the certification portion of requirements for a Florida Technologist License in Clinical Chemistry. However, the Florida Rule outlined in **64B3-5.003 option 1** requires a massive 3 years of laboratory experience plus the aforementioned AAB MT certification to attain Florida Licensure. I believe that in my specific situation that this amount of 3 years experience is severely excessive and I am petitioning to have the amount of required experience significantly reduced or waived since I am already eligible for AAB certification due to my education and research laboratory experience.

Furthermore, a major evidence which I will argue for this petition, is that under my current situation and the current rules, I will in fact be qualified for a Florida Clinical Laboratory Director License before that of a Medical Technologist License, which does not make sense, since the Director License should supersede the Medical Technologist License and clearly there is a discrepancy in the rulemaking in my specific case. I believe that the strict application of the aforementioned rule of 3 years experience is unreasonable in my case.

I will now outline the basis of this argument. Due to the fact that I have begun my working experience in a Clinical Laboratory now in August 2016, when I graduate with my Chemistry PhD in August 2018, I will have attained 2 years of Clinical Laboratory Experience at that point in time. This will make me eligible for certification from the National Registry of Certified Chemists (NRCC) in Clinical Chemistry (<http://www.nrcc6.org/cc.html>). Under current Florida Rules, specifically **64B3-5.007 Director; Limitations and Qualifications, Speciality (h) Clinical Chemistry option 1**, shows us that the requirements for a Directors License are a Doctoral Degree in chemical, biological, or clinical laboratory science and certification in Clinical Chemistry by NRCC. In August 2018, when I attain my PhD in Chemistry, I will be eligible for said NRCC certification and thus a Florida Clinical Chemistry Laboratory Director

Licence. So as it stands from this date in time (August 2016), I will be eligible for a Director Licence in 2 years (August 2018), but it will require a massive 3 years (August 2019) to attain a Medical Technologist Licence.

I urge you to practice subjective judgement in my specific case to notice clearly that there is a discrepancy in the rulemaking and I am a strong candidate for variance in the rule of experience required for a Medical Technologists License. Since I am already eligible for the AAB MT certification exam, I should hope we can agree that a waiver or variance in the experience required to attain Florida Technologist Licensure in Clinical Chemistry is appropriate and reasonable in my case, based on my strong education and laboratory experience in Chemistry and Biochemistry, and compounded by the current discrepancy of the rules which I will be eligible for a Director's Licence before a Medical Technologist Licence. I believe this is a fair and reasonable request.

(h) This variance of rule requested will serve the purpose of allowing myself to attain a Clinical Chemistry Technologists License in reasonable and timely manner based on my education and experience. Furthermore, this variance or waiver will remove the discrepancy or anomaly of rules that allow me to attain a Director License before that of a Technologist Licence, hence the variance or waiver will serve the purpose of allowing a more time-wise correlation of licensure in the correct order of Technologist before that of Director. I strongly believe this is a fair case for a variance in the rule because I possess and maintain a strong background in chemistry laboratory settings, education, and I will still duly undergo the required AAB MT certification exam.

(i) Due to the nature of the Variance/Waiver request, this will be permanent.

I would like to sincerely thank the board for their time and consideration, and I look forward to a resolution.

*Resume attached below.

CLIFFORD MICHAEL MORRIS, M.S.

Delray Beach, Florida, 33444

561-758-5633 (cell)

cmorri62@fau.edu

SKILLSETS

- Independent, autonomous and efficient in hands-on research and problem solving
- Operating, trouble-shooting, service and management of high-technology laboratory instrumentation including; HPLC: Agilent, Shimadzu, Waters, Thermo-Fisher.
GC/MS, LC/MS: Agilent, Perkin-Elmer, Thermo-Fisher.
MALDI-TOF: ScieEX.
Atomic Force Microscopy: Asylum Research.
Solid Phase Peptide Synthesis: Protein Technologies.
Nuclear Magnetic Resonance: Oxford, Magritek, Bruker.
Other: Quartz Crystal Microbalance, 3D confocal fluorescence microscopy, Transmission Electron Microscopy, DNA Polymerase Chain Reaction, Neuronal cell culturing.
- Certified in Laboratory Safety, Standards and Hazardous Waste, CITI animal handling
- Grant, Literature and Scientific Publication composition and editing
- Knowledge and practice of fundamental real-world business and investment strategies, particularly in STEM markets
- High communication skills, ability to bridge interdisciplinary fields
- Database search and information processing; RSS feeds, SQL, SciFinder, ProQuest, Google Analytics
- Data and information processing, analysis and modelling (Microsoft Office, Adobe, Origin, RSS feeds, quantitative analysis software)
- Basic experience in SOP and GMP as well as Laboratory Information Management Systems such as STARLIMS™ and TECAN™
- PC and bioanalytical instrumentation programming (Basic to GUI)

EDUCATION

FLORIDA ATLANTIC UNIVERSITY, Boca Raton, Florida

2008-current

Doctor of Philosophy in Chemistry, Current candidate.

- Pertinent completed coursework includes; Brain Disease Mechanisms and Therapy, Biomacromolecules of Human Diseases, Developmental Genetics and Mutagenesis, Kinetics of Biochemistry, Bioanalytical Instrumentation, Bioinformatics.

Master of Science in Chemistry, August 2015.

- Received Teaching Assistantship from Department of Chemistry
- Board Member, Department of Chemistry Representative - College of Science Graduate Association

Bachelor of Science in Chemistry, Specialization in Biochemistry, May 2013

- Received Bright Futures Scholarship from State of Florida, 2008 - 2013
- Completed additional training in Lab Safety, Hazardous Materials, and Laboratory Animal Welfare (CITI).
- Student Member, American Chemical Society.

RESEARCH EXPERIENCE

FLORIDA ATLANTIC UNIVERSITY, Boca Raton, Florida

2011 – present

Graduate Researcher – Dr. Deguo Du Research Group (2013 - present).

- Development of a bioassay guided fractionation protocol for the high throughput identification natural products that educe neuroprotection from beta-amyloid (AB) plaque induced neural cell death.
- Investigating the role of the N-terminal domain in AB aggregation – a systematic study dissecting local dynamics of aggregation at residue-specific resolution.
- Determining the effect of N-terminal FAD mutagenesis on local dynamics of AB1-40 aggregation and critical intracellular electrostatic interactions that involve the N-terminal residues.

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Analytical Assistant

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- Due to submit imminently

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- December 2015, 120, pp59-68

JOURNAL OF BIOMACROMOLECULES - *Positively Charged Chitosan and N-trimethyl Chitosan Inhibit AB40 Fibrillogenesis*

- Haiyang Liu, Bimlesh Ojha, Clifford Morris, Menting Jiang, Ewa Wojcikiewicz, Praveen Rao, Deguo Du.
- July 2015, 16(8), pp2363-2373

WORK HISTORY

SOUTH FLORIDA LABORATORY, Lake Worth, Florida

2016 - present

LC/MS Chemist

- Validation, maintenance and optimization of LC/MS clinical research toxicology panels.

FLORIDA ORGANIC AQUACULTURE, Fellsmere, Florida

2013 - 2016

Business Development and Investment Strategies Intern

- Facilitate the business strategies and management team of an innovative aquaculture startup. Developing fundamental understanding of marketing and investing in new and sustainable food technologies and collaborating with consultants in merging the interdisciplinary fields of business and science.

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Head Teaching Assistant

- Head position in Quantitative Analysis Laboratory. Responsibility to manage students in pertinent experimental and analytical practices and experiments. Development of updated experiment protocol. Maintenance and repair of analytical instrumentation.

MIRZAM HOLDINGS LLC, Jupiter, Florida

2008 - 2010

Mutual Fund Investment Risk Analyst Intern

DARDEN RESTAURANTS INC., Boca Raton, Florida

2012 - 2013

Server and Shift Leader

OTHER ACTIVITIES

College of Science Graduate Association, ***Board Member & Department of Chemistry Representative***, 2013-2015

Jupiter Medical Center Auxiliary, ***Volunteer***, 2011 - 2012

ONLINE PROFILES

www.linkedin.com/pub/clifford-m-morris/99/683/439

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Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

C. Philip

TO: Members, Board of Clinical Laboratory Personnel
FROM: Nicole Wiley, Regulatory Specialist II
SUBJECT: Clifford Michael Morris
DATE: November 8, 2016

Attached for your review is a copy of the file for the above-referenced applicant. Mr. Morris has applied for a Technologist's License in the area of Clinical Chemistry. Mr. Morris has filed a variance for the rule pertaining to the training/experience requirements as outlined in option 1 of the Technologist matrix. His application is still pending the national certification and 1 hour of HIV awareness.

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

Thank you for your assistance.

Licensure Information: Not currently licensed.

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

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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 Technologist
Profession Number:	6601 - Clinical Laboratory Personnel
File Number:	48908
Application:	Technologist License Application
Application Date:	11/03/2016

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 AND/OR Immunohematology)?	No
Are you applying for Blood Banking (Donor Processing)?	No
Are you applying for Cytology?	No
Are you applying for Cytogenetics?	No
Are you applying for Molecular Pathology?	No
Are you applying for Andrology AND/OR Embryology?	No
Are you applying for Histology?	No
Are you applying for Histocompatibility?	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:	Clifford
Middle/Second Name:	Michael

Last Name/Surname: **Morris**
Birthdate: **09/08/1989**
Gender: **Male**
Race: **White**
Social Security Number:

Addresses

Main Address

Address: **3064 Carl Bolter Dr**
PALM BEACH
Delray Beach, FL
33444
US

Phone Number: **561-758-5633**

Extension:

E-mail Address: **cliffordmjmorris@gmail.com**

Home

Fax

Primary Location

Address: **3064 Carl Bolter Dr**
PALM BEACH
Delray Beach, FL
33444
US

Phone Number: **561-758-5633**

Extension:

Education History

School Name: **Florida Atlantic University**
Attended From (mm/dd/yyyy): **08/01/2008**
Attended To (mm/dd/yyyy): **01/01/2018**
Date of Graduation (mm/dd/yyyy): **08/01/2018**
City: **Boca Raton**
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. **No**

I will complete 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., within 6 months of being issued a license. A copy of an affidavit showing good cause for not yet completing the course must be submitted to the board office by mail prior to issuance of a permanent license. **Yes**

Employment History

Name of Business: **South Florida Laboratory**

Street Address Line 1: **3395 Lake Worth Rd**

City: **Palm Springs**

State: **FLORIDA**

Zip Code: **33461**

Employment From (mm/dd/yyyy): **08/08/2016**

Employment To (mm/dd/yyyy): **01/01/2017**

National Certification Examination

Did you successfully pass a National Certification Examination in the area of applying for licensure? **No**

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?

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? **No**

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.

Fees

Technologist App Fee	\$50.00
Technologist Lic Fee	\$45.00
Unlicensed Activity	\$5.00
Total Amount Due:	\$100.00

Attestation

NAME: CLIFFORD M. MORRIS

HMQACB

NOV 10 2016

APPLICANT SIGNATURE:

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I affirm that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083, and 775.084, Florida Statutes.

I hereby authorize all hospitals, institutions, organizations, my references, personal physicians, employers (past and present), and all government agencies and instruments (local, state, federal, or foreign) to release to the Department of Health any information, files and/or records requested by the Department of Health in connection with the processing of this application. I further authorize the Department of Health to release to the organization, individuals, and groups listed above any information which is material to my application.

I understand that Florida law requires me, as an applicant for licensure, to supplement my application after it has been submitted with any material change in circumstances or conditions which might affect the Board of Clinical Laboratory Personnel's decision concerning my eligibility for licensure (Section 456.013, Florida Statutes). Failure to do so may result in denial of licensure and/or other action by the Board of Clinical Laboratory Personnel.

I further affirm that I have carefully read the questions in the foregoing application and have answered them completely without reservation of any kind and I declare that the answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I understand that such action shall constitute cause for denial, suspension, or revocation of the license for which I am applying.

I also affirm that I will comply with all requirements for licensure renewal in effect at the time of licensure renewal, including submission of appropriate renewal fees and completion of required continuing education credits.

I understand that an incomplete application shall expire one year after initial filing with the Department of Health as stated in Section 456.013(1)(a), Florida Statutes.

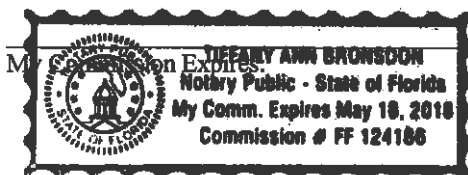
(Signature of Applicant)

11/08/2016
(Date)

Before me, personally appeared Clifford Morris, whose identity is known to me by

Personally Known by me (type of identification) and who, under oath, acknowledges that his signature appears above.
coworker Notary

Sworn to and subscribed before me this 8 day of 11, 2016.



NOTARY PUBLIC

Tiffany Ann Brunsdon
11-8-16

*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.

CLIFFORD MICHAEL MORRIS, M.S.

Delray Beach, Florida, 33444

561-758-5633 (cell)

cmorri62@fau.edu

SKILLSETS

- Independent, autonomous and efficient in hands-on research and problem solving
- Operating, trouble-shooting, service and management of high-technology laboratory instrumentation including:
HPLC: Agilent, Shimadzu, Waters, Thermo-Fisher.
GC/MS, LC/MS: Agilent, Perkin-Elmer, Thermo-Fisher.
MALDI-TOF: SciEX.
Atomic Force Microscopy: Asylum Research.
Solid Phase Peptide Synthesis: Protein Technologies.
Nuclear Magnetic Resonance: Oxford, Magritek, Bruker.
Other: Quartz Crystal Microbalance, 3D confocal fluorescence microscopy, Transmission Electron Microscopy, DNA Polymerase Chain Reaction, Neuronal cell culturing.
- Certified in Laboratory Safety, Standards and Hazardous Waste, CITI animal handling
- Grant, Literature and Scientific Publication composition and editing
- Knowledge and practice of fundamental real-world business and investment strategies, particularly in STEM markets
- High communication skills, ability to bridge interdisciplinary fields
- Database search and information processing; RSS feeds, SQL, SciFinder, ProQuest, Google Analytics
- Data and information processing, analysis and modelling (Microsoft Office, Adobe, Origin, RSS feeds, quantitative analysis software)
- Basic experience in SOP and GMP as well as Laboratory Information Management Systems such as STARLIMS™ and TECAN™
- PC and bioanalytical instrumentation programming (Basic to GUI)

EDUCATION

FLORIDA ATLANTIC UNIVERSITY, Boca Raton, Florida

2008-current

Doctor of Philosophy in Chemistry, Current candidate.

- Pertinent completed coursework includes; Brain Disease Mechanisms and Therapy, Biomacromolecules of Human Diseases, Developmental Genetics and Mutagenesis, Kinetics of Biochemistry, Bioanalytical Instrumentation, Bioinformatics.

Master of Science in Chemistry, August 2015.

- Received Teaching Assistantship from Department of Chemistry
- Board Member, Department of Chemistry Representative - College of Science Graduate Association

Bachelor of Science in Chemistry, Specialization in Biochemistry, May 2013

- Received Bright Futures Scholarship from State of Florida, 2008 - 2013
- Completed additional training in Lab Safety, Hazardous Materials, and Laboratory Animal Welfare (CITI).
- Student Member, American Chemical Society.

RESEARCH EXPERIENCE

FLORIDA ATLANTIC UNIVERSITY, Boca Raton, Florida

2011 – present

Graduate Researcher – Dr. Deguo Du Research Group (2013 - present).

- Development of a bioassay guided fractionation protocol for the high throughput identification natural products that elude neuroprotection from beta-amyloid (AB) plaque induced neural cell death.
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Additional Information Required
Verification of Clinical Laboratory Experience

HMQACB

NOV 10 2016

Name: MORRIS, CLIFFORD MICHAEL
Profession: 6601
Transaction Code: 1052
File Number: 48908

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

APPLICANT NAME: MORRIS, CLIFFORD MICHAEL
(Last) (First) (Middle)

EMPLOYER NAME: South Florida Laboratory

MAILING ADDRESS: 3395 Lake worth Rd., Palm Springs, FL 33461
(Street and Number) (Apt. #) (City) (State) (Zip)

TELEPHONE: (561) 465 1972
Business: Area Code/Phone Number

CLIA#: 10D2037736

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: 08/2016 To: PRESENT
MM/YYYY MM/YYYY

Full Time: 40 Part Time: _____
(hrs per week) (hrs per week)

Please indicate an 'X' in each SPECIALTY Worked:

	SPECIALTY AREA WORKED	TESTS PERFORMED	DATES PERFORMED (MM/YYYY) to (MM/YYYY)
X	Microbiology		/ to /

Florida Department of Health
Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin • Tallahassee, FL PHONE: • FAX: (850)



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Public Health Accreditation Board

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**Rick Scott**

Governor

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<input checked="" type="checkbox"/>	Clinical Chemistry	LCMS	08/16 / to / PRESENT
<input type="checkbox"/>	Serology/Immunology		/ to /
<input type="checkbox"/>	Hematology		/ to /
<input type="checkbox"/>	Immunohematology		/ to /
<input type="checkbox"/>	Cytogenetics		/ to /
<input type="checkbox"/>	Molecular Pathology		/ to /
<input type="checkbox"/>	Histocompatibility		/ to /
<input type="checkbox"/>	Histology		/ to /
<input type="checkbox"/>	Cytology		/ to /
<input type="checkbox"/>	Andrology		/ to /
<input type="checkbox"/>	Embryology		/ to /

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

Susan Panzone
Print Name (Laboratory Supervisor/Director/Personnel Director)

Lab Manager
Title

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

11-8-16
Date

HMQACB

NOV 10 2016

Please upload an electronic copy of this form by going to Application Status and selecting the Upload feature from the Quick Start Menu.

We will also accept the form by mail to the address below:

Florida Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin C-07
Tallahassee, FL 32399-3257

Florida Department of Health

Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin • Tallahassee, FL PHONE: • FAX: (850)



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Surgeon General and Secretary

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November 8, 2016

HMQACB

Clifford Michael Morris
3064 Carl Bolter Dr
Delray Beach, FL 33444

NOV 10 2016

Dear Mr. Morris:

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:

- **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 Mqa.ClinicalLab@flhealth.gov
- **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. 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. To obtain information for continuing education courses, please contact CE Broker @ 1-877-434-6323 or www.cebroker.com. Once the course has been completed, please send a copy of the certificate to the Board Office by mail.
- Your completed application must be notarized. Please have your attestation page notarized.
- Please review the CLP MATRIX to determine your licensure pathway and OPTION #. Once you have determined which OPTION # you will be using, please provide the OPTION # in the space provided for question 4 of the application. Failure to provide an OPTION # will further delay your application.

Specialties: MT - Clinical Chemistry Option # 1 (with variance/waiver)

Please be advised that once you choose an option there may be further deficiencies added to your application

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, ext.3624 or by e-mail at Nicole.Wiley@flhealth.gov.

Sincerely,

Nicole Wiley
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



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November 3, 2016

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<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, ext.3624 or by e-mail at Nicole.Wiley@flhealth.gov.

Sincerely,

Nicole Wiley
Regulatory Specialist II



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**Rick Scott**

Governor

Celeste Philip, MD, MPH

Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

November 21, 2016

Clifford M Morris
3064 Carl Bolter Drive
Delray Beach, Florida 33444

Re: Clifford M. Morris

Dear Mr. Morris:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

Karen Miller
Administrative Assistant

/klm

Florida Department of Health**Division of Medical Quality Assurance**

Bureau of Health Care Practitioner Regulation - Board of Chiropractic Medicine

4052 Bald Cypress Way, Bin C-07 • Tallahassee, FL 32399

PHONE: 850-245-4355 • FAX: 850-414-6860

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EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

C: 6601
F: 48854

October 27, 2016

RE: Miguel Hernan Estevez
10800 SW 38 Street
Miami Florida 33165
mestevez04@yahoo.com
786-774-6528
File Number: 48854

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: *Amy Larroway*
DATE NOV 04 2016

Dear Board of Directors:

I am kindly requesting for a permanent variance or waiver to Technologist -64B3-5.003(3) (a) option 3, Florida Administrative Code, which sets forth the education training/experience and examination requirements for specialty licensure as medical technologist. My education is higher than an associate as I am a doctor from Cuba (please see transcripts which were sent to you by Josef Silny & Associates). My experience also includes 3 1/2 years of working in between the operating room and laboratory in Hermanos Amejeiras Hospital in Havana, Cuba. I believe my medical degree as well as my medical experience is acceptable for a variance or waiver for Technologist rule 64B3-5.003(3) (a).

Sincerely,

Miguel Hernan Estevez

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MEMORANDUM

TO: Members, Board of Clinical Laboratory Personnel

FROM: Austin Fletcher, Regulatory Specialist II

SUBJECT: Miguel Estevez

DATE: November 8, 2016

Attached for your review is a copy of the file for the above-referenced applicant. Dr. Estevez has applied for a Technologist license in all of the generalist specialties. Dr. Estevez has submitted a variance for the education portion of option 3. Dr. Estevez has filed a variance for this rule pertaining to the education requirements listed in option three. Dr. Estevez has submitted his evaluation from Josef Silney reflecting a Doctor Medicine was rewarded from Cuba.

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

Thank you for your assistance.

Licensure Information: Not currently licensed.

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



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November 8, 2016

Miguel Hernan Estevez Sr.
10800 Sw 38 Th St
Miami, FL 33165

Dear Dr. Estevez:

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 referral reason.

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 245-4444 or e-mail Austin.Fletcher@flhealth.gov.

Sincerely,

Austin Fletcher
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



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General and Secretary
State Surgeon General & Secretary

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Application Summary

Application Detail

License Type:	Clinical Laboratory Technologist
Profession Number:	6601 - Clinical Laboratory Personnel
File Number:	48854
Application:	Technologist License Application
Application Date:	10/23/2016

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 AND/OR Immunohematology)?	Yes
Are you applying for Blood Banking (Donor Processing)?	No
Are you applying for Cytology?	No
Are you applying for Cytogenetics?	No
Are you applying for Molecular Pathology?	No
Are you applying for Andrology AND/OR Embryology?	No
Are you applying for Histology?	No
Are you applying for Histocompatibility?	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:	Miguel
Middle/Second Name:	Hernan

Last Name/Surname: Estevez
Suffix: Sr.
Birthdate: 10/20/1987
Gender: Male
Race: Hispanic
Social Security Number:

Addresses

Main Address

Address: 10800 SW 38 TH ST
MIAMI-DADE
Miami, FL
33165
US

Phone Number: 786-774-6528

Extension:

E-mail Address: mestevez04@yahoo.com

Home

Fax

Primary Location

Address: 10800 SW 38 TH ST
MIAMI-DADE
Miami, FL
33165
US

Phone Number: 786-774-6528

Extension:

Education History 1

School Name: Hermanos Ameljeiras Hospital
Attended From (mm/dd/yyyy): 09/01/2012
Attended To (mm/dd/yyyy): 12/01/2015
Date of Graduation (mm/dd/yyyy): 12/10/2015
City: Havana
State: Foreign School/Program
Country: CUBA

Education History 2

School Name:	Medical Sciences University of Havana
Attended From (mm/dd/yyyy):	09/01/2006
Attended To (mm/dd/yyyy):	06/01/2012
Date of Graduation (mm/dd/yyyy):	07/16/2012
City:	Havana
State:	Foreign School/Program
Country:	CUBA

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. **No**

I will complete 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., within 6 months of being issued a license. A copy of an affidavit showing good cause for not yet completing the course must be submitted to the board office by mail prior to issuance of a permanent license. **Yes**

Employment History

Name of Business:	Hermanos Ameijeiras Hospital
Street Address Line 1:	San Lazaro 701
City:	Havana
State:	Foreign School/Program
Zip Code:	10300
Employment From (mm/dd/yyyy):	09/01/2012
Employment To (mm/dd/yyyy):	12/10/2015

National Certification Examination

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

Yes

Name of National Certification Examination: **AAB Board of Registry examination**

Examination Date: **09/23/2016**

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?

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.

Technologist Generalist

Microbiology **Yes**

Serology/Immunology **Yes**

Clinical Chemistry **Yes**

Hematology **Yes**

Immunohematology **Yes**

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 1:

Bachelors Degree (or higher) in Clinical Laboratory, Chemical, or Biological Science
Clinical laboratory training program*

OR 3 years experience with a minimum of 6 months in each specialty for
which licensure is sought

One or more of the following certifications: MLS(ASCP), MT(ASCPi), MT(AMT), MT(AAB),
NRCC examinations or specialist examinations in single discipline for licensure in that specialty
area

Option 2:

90 semester hours college credit

Clinical laboratory training program*

One or more of the following certifications: MLS(ASCP), MT(ASCPi),
MT(AMT), MT(AAB), or specialist examinations in single discipline for
licensure in that specialty area

Option 3:

Associate Degree in Clinical/Medical Laboratory Technology
Training/experience as required by certifying body**

MT(AAB) examinations, including specialist examinations, in single
disciplines for licensure in that specialty area

Option 4a:

Associate Degree

Successfully completed a Department of Defense clinical laboratory
training program

MT(AAB) examinations, including specialist examinations, in single
disciplines for licensure in that specialty area

Option 4b:

Associate Degree

5 years of pertinent clinical laboratory experience with one year of
experience in each specialty area for which licensure is sought

MT(AAB) examinations, including specialist examinations, in single
disciplines for licensure in that specialty area

Select an option:

Option 3

* Board of Clinical Laboratory Personnel Training Program, NAACLS, CAAHEP & ABHES.

** No additional documentation of TRAINING/EXPERIENCE is required to be submitted with the
application as the board accepts the national certification requirements.

Fees

Technologist App Fee **\$50.00**

Technologist Lic Fee **\$45.00**

Unlicensed Activity

\$5.00

Total Amount Due:

\$100.00

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: Miguel Hernan Estevez

HMQACB

NOV 07 2016

APPLICANT SIGNATURE:

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I affirm that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083, and 775.084, Florida Statutes.

I hereby authorize all hospitals, institutions, organizations, my references, personal physicians, employers (past and present), and all government agencies and instruments (local, state, federal, or foreign) to release to the Department of Health any information, files and/or records requested by the Department of Health in connection with the processing of this application. I further authorize the Department of Health to release to the organization, individuals, and groups listed above any information which is material to my application.

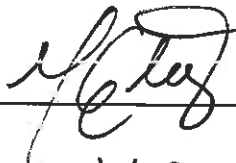
I understand that Florida law requires me, as an applicant for licensure, to supplement my application after it has been submitted with any material change in circumstances or conditions which might affect the Board of Clinical Laboratory Personnel's decision concerning my eligibility for licensure (Section 456.013, Florida Statutes). Failure to do so may result in denial of licensure and/or other action by the Board of Clinical Laboratory Personnel.

I further affirm that I have carefully read the questions in the foregoing application and have answered them completely without reservation of any kind and I declare that the answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I understand that such action shall constitute cause for denial, suspension, or revocation of the license for which I am applying.

I also affirm that I will comply with all requirements for licensure renewal in effect at the time of licensure renewal, including submission of appropriate renewal fees and completion of required continuing education credits.

I understand that an incomplete application shall expire one year after initial filing with the Department of Health as stated in Section 456.013(1)(a), Florida Statutes.

(Signature of Applicant)



(Date)

11/03/2016

Before me, personally appeared Miguel Hernan Estevez whose identity is known to me by Florida Driver License (type of identification) and who, under oath, acknowledges that his signature appears above. Sworn to and subscribed before me this 3rd day of November 2016.

March 6, 2020
My Commission Expires:

NOTARY PUBLIC



ANGELA MONTGOMERY
Notary Public - State of Florida
Commission # FF 967901
My Comm. Expires Mar 6, 2020

*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.

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**Rick Scott**

Governor

Celeste Philip, MD, MPH

Surgeon General and Secretary

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November 21, 2016

Miguel H. Estevez
10800 SW 38th Street
Miami, Florida 33165

Re: Miguel H. Estevez

Dear Mr. Estevez:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

A handwritten signature in black ink that reads "Karen Miller".

Karen Miller
Administrative Assistant

/klm

Florida Department of Health**Division of Medical Quality Assurance**

Bureau of Health Care Practitioner Regulation - Board of Chiropractic Medicine

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regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

66601
F - 48513

From:

Gregory S Hendricks, Lt Col, USAF, BSC, MS, MT(ASCP)
948 Fostoria Drive
Melbourne, FL 32940
gregory.hendricks@us.af.mil
cell: 210-837-0626
work: 321-494-7986

17 August 2016

FILED
Department Of Health
Deputy Clerk
CLERK *Angel Sanders*
DATE **AUG 23 2016**

Attention:

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

SUBJECT: Petition for Variance from Rule 64B3-5.002(3)(e) and Rule 64B3-5.002(3)(f)

SPECIFIC REQUEST: I respectfully request a permanent waiver from the certification requirements in molecular pathology and histocompatibility for the Florida State Laboratory Supervisor License as described in **64B3-5.002 (3) (e-f)**:

- Petitioner requests a variance or waiver of certification requirement (i.e., histocompatibility certification) Rule 64B3-5.002(3)(e) under **Option 3a**.
- Petitioner requests a variance or waiver of certification requirement (i.e., molecular pathology certification) Rule 64B3-5.002(3)(f) under **Option 2a**.

REASON FOR REQUEST: The requirements to obtain these two additional certifications before being granted a FL supervisor license within these two disciplines presents a substantial hardship (time and money) in anticipation of my pending retirement (approximately 1 year from now) from the United States Air Force. This is especially true given that I have already been a successful administrator—to include passing two inspections—in both disciplines for a sustained period of time.

REASON VARIANCE SERVES INTENDED PURPOSE: I am qualified through education and experience to lead both a molecular pathology lab and a histocompatibility lab. As indicated in my supervisory experience documentation, I served as the administrator of molecular pathology and histocompatibility labs for four (4) years in the United States Air Force (Wilford Hall Medical Center, Lackland AFB, TX). I am an ASCP-certified Medical Technologist with more than 27 years of clinical laboratory experience, with 18 years serving as a clinical laboratory administrator. Additionally, I possess a Master of Science in Medical Technology where my graduate study foci were molecular diagnostics and administration. Also of note, molecular diagnostics was a substantial part of the ASCP MT certification exam I took and passed in 1997, which was before the Molecular Pathology certification was first offered (in 2003).

Respectfully,

HENDRICKS.GREGORY.S.1007258182

Digitally signed by HENDRICKS.GREGORY.S.1007258182
DN: c=US, ou=U.S. Government, ou=DoD, ou=PR, ou=USAF,
cn=HENDRICKS.GREGORY.S.1007258182
Date: 2016.08.19 14:36:15 -0400

GREGORY S. HENDRICKS, MS, MT(ASCP)

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Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

TO: Members, Board of Clinical Laboratory Personnel

FROM: Austin Fletcher, Regulatory Specialist II

SUBJECT: Gregory Hendricks

DATE: November 8, 2016

Attached for your review is a copy of the file for the above-referenced applicant. Mr. Hendricks has applied for a Supervisor's License in all of the generalist areas as well as Molecular Pathology and Histocompatibility. Mr. Hendricks has filed a variance for this rule pertaining to the exam requirements for the specialties of Molecular pathology and Histocompatibility. His application is still pending 25 hours of continuing education in the category of Supervision and Administration and 1 hour of HIV awareness.

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.



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Surgeon General and Secretary

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November 8, 2016

Ltc Gregory Shane Hendricks
948 Fostoria Drive
Melbourne, FL 32940

Dear Mr. Hendricks:

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 referral reason.

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 245-4444 or e-mail Austin.Fletcher@flhealth.gov.

Sincerely,

Austin Fletcher
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



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October 19, 2016

Ltc Gregory Shane Hendricks
948 Fostoria Drive
Melbourne, FL 32940

Reference: Florida Licensure Application

Dear Mr. Hendricks:

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

- Variance for exam.

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

25 Oct 16

Date

If you have any questions regarding this matter, please do not hesitate to contact this office at the address below, by telephone 245-4444 , or e-mail Austin.Fletcher@flhealth.gov.

Sincerely,

Austin Fletcher
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
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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:	48513
Application:	Supervisor License Application
Application Date:	07/19/2016

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, Immunohematology, 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?	Yes
Are you applying for Molecular Pathology?	Yes
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

Title:	LTC
First Name:	Gregory
Middle/Second Name:	Shane
Last Name/Surname:	Hendricks

Birthdate: 05/17/1970

Gender: Male

Race: White

Social Security Number:

Addresses

Main Address

Address: 948 Fostoria Drive

BREVARD

MELBOURNE, FL

32940

US

Phone Number: 321-610-7834

Extension:

E-mail Address: sonicdeviant@gmail.com

Home 321-610-7834

Fax

Primary Location

Address: Bldg 1380 45 MDSS/SGSL - Laboratory

1381 South Patrick Dr

BREVARD

PATRICK AFB, FL

32925

US

Phone Number: 321-494-7986

Extension:

Education History 1

School Name: University of Southern Mississippi

Attended From (mm/dd/yyyy): 08/05/2005

Attended To (mm/dd/yyyy): 05/11/2007

Date of Graduation (mm/dd/yyyy): 05/11/2007

City: Hattiesburg

State: MISSISSIPPI

Country: UNITED STATES OF AMERICA

Education History 2

School Name: **Midwestern State University**
Attended From (mm/dd/yyyy): **09/08/1989**
Attended To (mm/dd/yyyy): **12/01/1995**
Date of Graduation (mm/dd/yyyy): **12/01/1995**
City: **Wichita Falls**
State: **TEXAS**
Country: **UNITED STATES OF AMERICA**

Education History 3

School Name: **Community College of the Air Force**
Attended From (mm/dd/yyyy): **05/14/1989**
Attended To (mm/dd/yyyy): **04/21/1993**
Date of Graduation (mm/dd/yyyy): **04/21/1993**
City: **Maxwell AFB**
State: **ALABAMA**
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? **Yes**

License Number: **CLP.T00204-TCH**
Original Issue Date: **01/01/1995**
Date of Expiration: **12/31/1999**
State: **Louisiana**
Country: **UNITED STATES**

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. **No**

I will complete 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., within 6 months of being issued a license. A copy of an affidavit showing good cause for not yet completing the course must be submitted to the board office by mail prior to issuance of a permanent license.

Yes

Employment History 1

Name of Business: **45th Medical Group**

Street Address Line 1: **Laboratory**

Street Address Line 2: **1381 South Patrick Dr**

City: **Patrick AFB**

State: **FLORIDA**

Zip Code: **32925**

Employment From (mm/dd/yyyy): **07/02/2015**

Employment To (mm/dd/yyyy): **08/15/2017**

Employment History 2

Name of Business: **Air Combat Command Office of the Surgeon General**

Street Address Line 1: **Medical Modernization Division**

Street Address Line 2: **162 Dodd Blvd, Ste 100**

City: **Langley AFB**

State: **VIRGINIA**

Zip Code: **23665**

Employment From (mm/dd/yyyy): **06/20/2011**

Employment To (mm/dd/yyyy): **07/02/2015**

Employment History 3

Name of Business: **Wilford Hall Medical Center**

Street Address Line 1: **Clinical Laboratory**

Street Address Line 2: **2200 Bergquist Dr, Ste 1**

City: **Lackland AFB**

State: **TEXAS**

Zip Code: **78236**

Employment From (mm/dd/yyyy): **05/29/2007**

Employment To (mm/dd/yyyy): **06/20/2011**

Employment History 4

Name of Business: **4th Medical Group**

Street Address Line 1: **Laboratory**

Street Address Line 2: 1050 Jabara Ave
City: Seymour Johnson AFB
State: NORTH CAROLINA
Zip Code: 27531
Employment From (mm/dd/yyyy): 06/29/2002
Employment To (mm/dd/yyyy): 08/05/2005

Employment History 5

Name of Business: 633rd Medical Group
Street Address Line 1: Laboratory
Street Address Line 2: 45 Pine Rd
City: Langley AFB
State: VIRGINIA
Zip Code: 23665
Employment From (mm/dd/yyyy): 06/21/1999
Employment To (mm/dd/yyyy): 06/29/2002

Employment History 6

Name of Business: Northshore Regional Medical Center
(Oschner)
Street Address Line 1: Clinical Laboratory
Street Address Line 2: 100 Medical Center Dr
City: Slidell
State: LOUISIANA
Zip Code: 70461
Employment From (mm/dd/yyyy): 03/01/1992
Employment To (mm/dd/yyyy): 05/17/1999

National Certification Examination 1

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

Name of National Certification Examination: MT - American Society of Clinical Pathology
Examination Date: 11/30/1997

National Certification Examination 2

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

Name of National Certification Examination: MLT - American Society of Clinical Pathology
Examination Date: 08/21/1992

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?

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	Yes
Serology/Immunology	Yes
Clinical Chemistry	Yes
Hematology	Yes
Immunohematology	Yes
Blood Banking (Donor Processing)	Yes
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 2a

Supervisor Histocompatibility

Histocompatibility:

Yes

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 1:

Education as required by certifying body
Training/experience as required by certifying body
CHS(ABHI)

Option 2a:

Doctoral Degree in Clinical Laboratory, Chemical or
Biological Science
1 year of pertinent clinical laboratory experience
AND
25 hours of Board-approved continuing education in
supervision and administration
Certification as required for technologist licensure

Option 2b:

Doctoral Degree in Clinical Laboratory, Chemical or
Biological Science
1 year of pertinent clinical laboratory experience
CHS(ABHI)

Option 3a:

Masters Degree in Clinical Laboratory, Chemical or
Biological Science
3 years of pertinent clinical laboratory experience
AND
25 hours of Board-approved continuing education in
supervision and administration
Certification as required for technologist licensure

Option 3b:

Masters Degree in Clinical Laboratory, Chemical or
Biological Science
3 years of pertinent clinical laboratory experience
CHS(ABHI)

Option 4a:

Bachelors Degree in Clinical Laboratory, Chemical or
Biological Science
5 years of pertinent clinical laboratory experience
AND
25 hours of Board-approved continuing education in
supervision and administration
Certification as required for technologist licensure

Option 4b:

Bachelors Degree in Clinical Laboratory, Chemical or
Biological Science
5 years of pertinent clinical laboratory experience
CHS(ABHI)

Select an option:

Option 3a

* No additional documentation of EDUCATION is required to be submitted with the application as the board accepts the national certification requirements.

** No additional documentation of TRAINING/EXPERIENCE is required to be submitted with the application as the board accepts the national certification requirements.

Supervisor Molecular Pathology

Mole Pathology:

Yes

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

The Molecular Diagnostics examination given by ABB or CHS(ABHI)

Option 2a:

Masters Degree in Clinical Laboratory, Chemical or Biological Science
3 years of pertinent clinical laboratory experience

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 in the specialty area in which licensure is sought

The Molecular Diagnostics examination given by ABB or CHS(ABHI)

Option 3a:

Bachelors Degree with 16 semester hours of academic science
5 years of pertinent clinical laboratory experience

AND

25 hours of Board-approved continuing education in supervision and administration
Certification as required for technologist licensure

Option 3b:

Bachelors Degree with 16 semester hours of academic science
5 years of pertinent clinical laboratory experience with at least 2 years experience at the Technologist level

The Molecular Diagnostics examination given by ABB or CHS(ABHI)

Select an option:

Option 2a

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.

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: Hendricks Gregory Shane
(Last) (First) (Middle)

EMPLOYER NAME: United States Air Force Medical Service - 45th Medical Group Laboratory

MAILING ADDRESS: 1381 South Patrick Drive Patrick AFB FL 32940
(Street and Number) (Apt. #) (City) (State) (Zip)

TELEPHONE: (321) 494-7986 **CLIA#:** DOD3293501, DOD3290504
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: 06/1999 To: 07/2016 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)
X	Microbiology	IDs and ASTs; plating; gram stains; MRSA/C. diff./Grp A Strep by PCR; parasitology; mycology; AFB testing; virology (HSV, RSV, rotavirus, VZV, Flu)	5 / 2007 to 6 / 2011
X	Serology/Immunology	Cardiolipin; CMV; EBV; H.pylori; MMRV; TPO; RPR; Mono; ANA; VZV; Thyroglobulin; IgE allergen testing (RAST); ASO titers; HBsAb/Ag; HCV; hCG	5 / 2007 to 6 / 2011
X	Clinical Chemistry	Chemistry panels; TSH/T4; PSA; Lipid Panels; BF/Urine Chemistries, Ethanol; GTTs; Hgb A1C; Liver Panels; DOA screens; TDM; quant. hCG	7 / 2015 to 7 / 2016
X	Hematology	CBCs, Diffs; PT/PTT; automated ESRs; urinalysis; semen analysis; KOH/WPs; body fluid analyses	6 / 2002 to 8 / 2005
X	Immunohematology	Types/Screens; Crossmatches (also in Iraq in 2005); DATs; antibody panels; antigen typing; cord blood studies; product pooling; FFP prep	6 / 2015 to 7 / 2016
X	Blood Banking/Donor Processing	Whole blood drives. Platelet apheresis donation center.	1 / 2009 to 8 / 2009
	Cytogenetics		9 / 2004 to 2 / 2005
			1 / 2009 to 8 / 2009
			/ to /
X	Molecular Pathology	Cyst. Fib. Mutat.; Resp.Virus Panel; CMV; HLA-B27; IgH/TCR gene rearrang.; FVL; FII; BCR-ABL transloc.; HPV; Prothrombin mutat.; HIV/HCV; Mtb-PCR	5 / 2007 to 6 / 2011
X	Histocompatibility	HLA-typing for stem cell/bone marrow donors; Flow Cytometry - immunophenotypes/cell surface antigens/cell viability/leukemia panels	5 / 2007 to 6 / 2011
	Histology		/ to /
	Cytology	(NOTE: This is not a complete list of experience and represents the most recent in each discipline. Total years of experience is approx. 28 years in the various areas of the clinical laboratory.)	/ to /
	Andrology		/ to /
	Embryology		/ to /

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

Nathan H. Johnson, Colonel, USAF, BSC, PhD

Print Name (Laboratory Supervisor/Director/Personnel Director)
JOHNSON.NATHAN.H.11209594
Digitally signed by JOHNSON.NATHAN.H.11209594
DN: cn=US, ou=U.S. Government, ou=DoD, ou=PKI, ou=USAF,
cn=JOHNSON.NATHAN.H.11209594
Date: 2016.07.19 11:35:48 -0400

Signature (Laboratory Supervisor/Director/Personnel Director)

Chief, Defense Health Affairs Center for Laboratory Medicine Services

Title
19 July 2016

Date

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

November 21, 2016

Gregory S. Hendricks
948 Fostoria Drive
Melbourne, Florida 32940

Re: Gregory S. Hendricks

Dear Mr. Hendricks:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

A handwritten signature in black ink that reads "Karen Miller".

Karen Miller
Administrative Assistant

/klm



CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

**Scroll down to see the available pages or
advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

6601F-23127
To: Florida Department of Health
Division of Medical Quality Assurance
Bureau of HCPR
4052 Bald Cypress Way, Bin C07
Tallahassee, FL 32399-3257

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: *Angel S. S. S.*
DATE: SEP 20 2016

HMQACB
SEP 20 2016

From: William Marena
1212 Meadowbend Dr.
Leesburg, FL 34748
wmarena@hotmail.com
352-321-4195

Subject: Petition for Variance from 64B3-5.002 Supervisor Option 3a.

I am requesting a permanent petition of variance for 64B3-5.002 Supervisor Option 3a for the requirement of a Bachelor's Degree. I have the requisite of 24 semester hours of academic science including 8 semester hours of biological science and 8 semester hours of chemical science. I am a graduate of an approved Medical Laboratory Technology course with an Associate's Degree. I have been a licensed Medical Technologist in the state of Florida in good standing since 1992. I have worked as a supervisor in multiple hospital laboratories, and was the manager of a clinical research laboratory for 12 years.

I have met all the requirements for 64B3-5.002 Supervisor Option 3a with the exception of the Bachelor degree. I have over 110 credit hours as submitted in my transcripts, plus additional educational credits obtained during my military service that was not recognized by the Florida State Education system at the time I received my degree in 1991. Due to the fact that my degree works are over 25 years old. It would require me to complete an additional 4 years of education in order to receive a bachelor's degree. The expense and time required to meet the supervisors requirement of a bachelors, would create an extreme burden, both financially and career wise.

By granting the variance, the intent of the statute of having qualified and capable personnel licensed as Medical Technology Supervisors is still satisfied by my years of experience and training. As the statute is written, an individual with a bachelor degree in science and 5 years of training can receive a supervisor license, whether they have an education in medical technology or not. I find this to be an unfair emphasis on the bachelor degree without the meaningful content of a degree in medical technology.

I greatly appreciate your consideration of my petition and hope that you see fit to grant it.

Sincerely,

William Marena
325-321-4195
wmarena@hotmail.com



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
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

TO: Members, Board of Clinical Lab Personnel
FROM: Kelly Woodard, Regulatory Specialist II
SUBJECT: William Marena
DATE: October 4, 2016

Attached for your review is a copy of the file for the above-referenced applicant. This application was received on May 27, 2016 and is being presented pursuant to information obtained through the application process relating to applicant education. Mr. Marena has applied for licensure as a Clinical Laboratory Supervisor in the specialty areas of Serology, Chemistry, Hematology, Immunohematology, and Blood Banking. Transcripts were submitted from Eastern Florida State College reflecting an Associates' degree in Medical laboratory technology. Mr. Marena has filed a petition for variance/waiver of the Bachelor's degree requirements per Option 3a.

Board staff have reviewed Mr. Marena's application and have referred the application to the board for full review.

- Our office is unable to determine if Mr. Marena meets the education requirements as listed in Rule 64B3-5.002 F.A.C.

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:

License Number	TN30580 / TC30580
Specialties	SCHI / M
1st License Issued	06/15/1998
License expired	08/31/18



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Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

October 4, 2016

William Colin Marena
1212 Meadowbend Dr
Leesburg, FL 34748

Dear Mr. Marena:

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 education history.

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) 488-0595 or e-mail Kelly.Woodard1@flhealth.gov.

Sincerely,

Kelly Woodard
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

ITN
30580
SCH I (6/998)
TC
micro (10/99)

SUPERVISOR APPLICATION CHECKLIST

FILE # 23127 LICENSE # 30580

NAME William Marena

BOARD RECEIVED DATE 5/27/16 OPTION 3a

APPLICATION

- ☐ (1054) INITIAL SUPERVISOR
☐ (3047) ADD SPECIALTY
☒ (1043) UPGRADE TECHNOLOGIST TO SUPERVISOR
☐ (1045) UPGRADE TECHNICIAN TO SUPERVISOR

SU SPECIALTIES S, C, H, I, BB

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

() ALL PAGES OF APPLICATION RECV - or- MISSING PAGE(S) _____

OIG/LEIE Check Clear ☐ YES ☐ NO

EDUCATION AS/MLT - Eastern FL State College

UNIVERSITY _____ DOC ID NUMBER _____

TRANSCRIPTS RECEIVED ☐ YES ☐ NO

DEGREE _____ DOC ID NUMBER _____

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

CREDENTIAL EVALUATION RECEIVED ☐ YES ☒ NO

☒ 1 HR HIV/AIDS DOC ID NUMBER _____

☒ 2 HR MEDICAL ERRORS DOC ID NUMBER _____

☒ 25 HOURS CE SUPERVISION/MANAGEMENT DOC ID NUMBER _____

☐ 48 HOURS CE SUPERVISION/MANAGEMENT (HISTOLOGY) DOC ID NUMBER _____

EXAM Took Technologist state exam in SCH I

☒ NATIONAL EXAM SCORES _____ DOC ID NUMBER _____
_____ ASCP _____ AMT _____ AAB _____ ABHI

LICENSURE VERIFICATION

() STATE(S) NA DISCIPLINE? ☐ YES ☐ NO DOC ID # _____

EXPERIENCE

☒ EMPLOYMENT VERIFICATION _____ DOC ID NUMBER _____
NUMBER OF YEARS 8+ yrs SPECIALTIES _____

NOTES I (10/15-7/16) 9m msch (8/13-12/14) 1y4m
msch I (6/97-2/00) 2y8m I, BB (7/95-6/97) 1y11m
BB (2/94-6/97) 3y4m

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
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Application Summary

Application Detail

License Type:	Clinical Laboratory Technologist
Profession Number:	6601 - Clinical Laboratory Personnel
License Number:	30580
Application:	Upgrade from Technologist to Supervisor
Application Date:	05/26/2016

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:	WILLIAM
Middle/Second Name:	COLIN
Last Name/Surname:	MARENA
Birthdate:	07/30/1960

Gender: Male
Race: White
Social Security Number:

Addresses

Main Address

Address: 1212 Meadowbend Dr
LAKE
LEESBURG, FL
34748
US

Phone Number: 352-321-4195

Extension:

E-mail Address: wmarena@hotmail.com

Home

Fax

Primary Location

Address: 1431 SW 1st Ave
MARION
OCALA, FL
34471
US

Phone Number:

Extension:

Education History 1

School Name: BREVARD COMMUNITY COLLEGE
Attended From (mm/dd/yyyy): 08/28/1989
Attended To (mm/dd/yyyy): 05/10/1991
Date of Graduation (mm/dd/yyyy): 05/14/1991
City: Cocoa
State: FLORIDA
Country: UNITED STATES OF AMERICA

Education History 2

School Name: Otero Junlor College
Attended From (mm/dd/yyyy): 01/01/1989

Attended To (mm/dd/yyyy): 05/01/1989
City: LaJunta
State: COLORADO
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? Yes

License Number: TN 30580
Original Issue Date: 10/01/1992
Date of Expiration: 08/31/2016
State: Florida
Country: UNITED STATES

Employment History 1

Name of Business: Ocala Regional Medical Center
Street Address Line 1: 1431 SW First Ave.
City: Ocala
State: FLORIDA
Zip Code: 33478
Employment From (mm/dd/yyyy): 10/12/2015

Employment History 2

Name of Business: Florida Hospital Waterman
Street Address Line 1: 1000 Waterman Way
City: Tavares
State: FLORIDA
Zip Code: 32778
Employment From (mm/dd/yyyy): 12/31/2015

Employment History 3

Name of Business: Compass Research
Street Address Line 1: 100 E. Gore St
City: Orlando
State: FLORIDA
Zip Code: 32806

Employment From (mm/dd/yyyy): 05/01/2013

Employment To (mm/dd/yyyy): 08/20/2015

Employment History 4

Name of Business: UF Health Shands

Street Address Line 1: 8475 NW 39th Ave

City: Gainesville

State: FLORIDA

Zip Code: 32606

Employment From (mm/dd/yyyy): 08/01/2013

Employment To (mm/dd/yyyy): 12/31/2014

Employment History 5

Name of Business: University of Florida

Street Address Line 1: 1600 SW Archer Rd

City: Gainesville

State: FLORIDA

Zip Code: 32610

Employment From (mm/dd/yyyy): 02/01/2001

Employment To (mm/dd/yyyy): 08/01/2013

Employment History 6

Name of Business: Natures Coast Hospital

Street Address Line 1: 125 SW 7th St

City: Williston

State: FLORIDA

Zip Code: 32696

Employment From (mm/dd/yyyy): 11/01/1999

Employment To (mm/dd/yyyy): 02/01/2001

Employment History 7

Name of Business: North Florida Regional Medical Center

Street Address Line 1: 6500 W Newberry Rd

City: Gainesville

State: FLORIDA

Zip Code: 32605

Employment From (mm/dd/yyyy): 06/01/1997

Employment To (mm/dd/yyyy): 02/01/2000

Employment History 8

Name of Business: Shands Teaching Hospital
Street Address Line 1: 1600 SW Archer Rd
City: Gainesville
State: FLORIDA
Zip Code: 32610
Employment From (mm/dd/yyyy): 01/01/1995
Employment To (mm/dd/yyyy): 06/01/1997

Employment History 9

Name of Business: LifeSouth Community Blood Centers
Street Address Line 1: 1221 NW 13th St
City: Gainesville
State: FLORIDA
Zip Code: 32601
Employment From (mm/dd/yyyy): 02/01/1994
Employment To (mm/dd/yyyy): 08/30/1997

Employment History 10

Name of Business: LW Blake Hospital
Street Address Line 1: 2020 59th St W
City: Bradenton
State: FLORIDA
Zip Code: 34209
Employment From (mm/dd/yyyy): 01/01/1992
Employment To (mm/dd/yyyy): 02/01/1994

Employment History 11

Name of Business: International Medical Laboratories
Street Address Line 1: 300 Riverside Dr E
City: Bradenton
State: FLORIDA
Zip Code: 34208
Employment From (mm/dd/yyyy): 09/01/1991
Employment To (mm/dd/yyyy): 01/01/1992

National Certification Examination

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

Name of National Certification Examination: A.S.C.P.

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?

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 - Application

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	Yes
Clinical Chemistry	Yes
Hematology	Yes
Immunohematology	Yes
Blood Banking (Donor Processing)	Yes
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: William Marena

APPLICANT SIGNATURE:

HMQACB

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida. **SEP 20 2016**

I affirm that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083, and 775.084, Florida Statutes.

I hereby authorize all hospitals, institutions, organizations, my references, personal physicians, employers (past and present), and all government agencies and instruments (local, state, federal, or foreign) to release to the Department of Health any information, files and/or records requested by the Department of Health in connection with the processing of this application. I further authorize the Department of Health to release to the organization, individuals, and groups listed above any information which is material to my application.

I understand that Florida law requires me, as an applicant for licensure, to supplement my application after it has been submitted with any material change in circumstances or conditions which might affect the Board of Clinical Laboratory Personnel's decision concerning my eligibility for licensure (Section 456.013, Florida Statutes). Failure to do so may result in denial of licensure and/or other action by the Board of Clinical Laboratory Personnel.

I further affirm that I have carefully read the questions in the foregoing application and have answered them completely without reservation of any kind and I declare that the answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I understand that such action shall constitute cause for denial, suspension, or revocation of the license for which I am applying.

I also affirm that I will comply with all requirements for licensure renewal in effect at the time of licensure renewal, including submission of appropriate renewal fees and completion of required continuing education credits.

I understand that an incomplete application shall expire one year after initial filing with the Department of Health as stated in Section 456.013(1)(a), Florida Statutes.

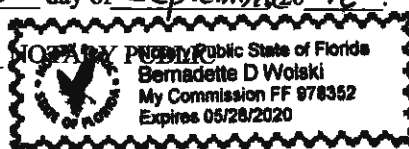
[Signature]
(Signature of Applicant)

09-16-16
(Date)

Before me, personally appeared William Marena, whose identity is known to me by Florida Driver License (type of identification) and who, under oath, acknowledges that his signature appears above.

Sworn to and subscribed before me this 16 day of September 2016.

Bernadette D. Wolski
My Commission Expires: 05/28/2020



*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.

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

HMQACB

SEP 20 2016

VERIFICATION OF CLINICAL LABORATORY EXPERIENCE

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

APPLICANT NAME: Marena William Colin
(Last) (First) (Middle)

EMPLOYER NAME: Ocala Health

MAILING ADDRESS: 1431 SW 1st Ave Ocala FL 34471
(Street and Number) (Apt. #) (City) (State) (Zip)

TELEPHONE: (352) 401-1000 **CLIA#:** 10D0272774
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: 10/2015 To: Current Full Time: 36 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 /
	Clinical Chemistry		/ to /
	Hematology		/ to /
X	Immunohematology	ABO/Rh, Abo ID, RBC phenotyping, DAT, Compatibility testing, SS testing, KB Testing, TEG testing	10/15 to Current
	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.

Kristy Arnold
Print Name (Laboratory Supervisor/Director/Personnel Director)

Kristy Arnold
Signature (Laboratory Supervisor/Director/Personnel Director)

Transfusion Services Supervisor
Title

7/15/16
Date

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

SEP 20 2016

VERIFICATION OF CLINICAL LABORATORY EXPERIENCE**APPLICANT SECTION:** (Complete only the APPLICANT SECTION. Do not fill out EMPLOYER SECTION.)

APPLICANT NAME: Marena William Colin
 (Last) (First) (Middle)

EMPLOYER NAME: UF Health Shands

MAILING ADDRESS: 1329 SW 16th St. Gainesville, FL 32608
 (Street and Number) (Apt. #) (City) (State) (Zip)

TELEPHONE: (352) 365-0441 **CLIA#:** 10D2059622
 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: 08/2013 to: 12/2014 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)
X	Microbiology	Wet Preps	08/2013 to 12/2014
X	Serology/Immunology	Monotest, Rapid Strept, Influenza, RSV.	08/2013 to 12/2014
X	Clinical Chemistry	Chemistry panels, Cardiac panels, Liver enzymes, Thyroid, Hgb Quant, Urinalysis	08/2013 to 12/2014
X	Hematology	CBC, PT/INR, PTT, D-Dimer, Body Fluids, Differentials	08/2013 to 12/2014
	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.

Rosey Rayburn
 Print Name (Laboratory Supervisor/Director/Personnel Director)

Rosey Rayburn
 Signature (Laboratory Supervisor/Director/Personnel Director)

HR Benefits Assistant
 Title

09/14/2016
 Date

HMQACB

Page 15 of 16

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

SEP 20 2016

VERIFICATION OF CLINICAL LABORATORY EXPERIENCE**APPLICANT SECTION:** (Complete only the APPLICANT SECTION. Do not fill out EMPLOYER SECTION.)

APPLICANT NAME: Marena William Colin
 (Last) (First) (Middle)

EMPLOYER NAME: UF Health Shands

MAILING ADDRESS: 1329 SW 16th St Gainesville FL 32608
 (Street and Number) (Apt. #) (City) (State) (Zip)

TELEPHONE: 352 265-0441 **CLIA#:** 10D0665884
 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: 01/1995 To: 06/1997 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 /
	Clinical Chemistry		/ to /
	Hematology		/ to /
<input checked="" type="checkbox"/>	Immunohematology	ABO/Rh, Type & Screen, Antibody ID, DAT, Compatibility, Phenotyping	01/1995 to 06/1997
<input checked="" type="checkbox"/>	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.

Kasey Raubum
 Print Name (Laboratory Supervisor/Director/Personnel Director)

Kasey Raubum
 Signature (Laboratory Supervisor/Director/Personnel Director)

HR Benefits Assistant
 Title
07/14/2016
 Date

HMQACE

SEP 20 2016

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

TELEPHONE: (352) 224-1613 CLIA#: 10D0271833
Business: Area Code/Phone Number

Employment period performing test in the laboratory: From: 2/28/94 To: 6/14/97 Full Time: 40 Part Time: _____
MM/YYYY MM/YYYY (hrs per wk) (hrs per wk)

X	SPECIALTY AREA WORKED	TESTS PERFORMED	APPROX. DATES PERFORMED (MM/YYYY) to (MM/YYYY)
	Microbiology		/ to /
	Serology/Immunology		/ to /
	Clinical Chemistry		/ to /
	Hematology		/ to /
	Immunohematology		/ to /
X	Blood Banking/Donor Processing	HIV 1+2, HTLV, Hepatitis testing, VDRL, CML, ABO/Rh Antibody screen, Antigen testing	02/1994 to 06/1997
	Cytogenetics		02/1994 to 06/1997
	Molecular Pathology		/ to /
	Histocompatibility		/ to /
	Histology		/ to /
	Cytology		/ to /
	Andrology		/ to /
	Embryology		/ to /

HR Generalist
Title
7/14/2016
Date



Headquarters
4039 Newberry Road
Gainesville, FL 32607
352-224-1600

HMQACB

SEP 20 2016

July 14, 2016

To Whom It May Concern:

This letter is to verify that Mr. William C Marena was employed with LifeSouth Community Blood Centers from February 28, 1994 to June 14, 1997 a Medical Technologist I in our Donor Testing Laboratory.

Should you need additional information regarding Mr. Marena, please contact me at (352) 224-1768.

Sincerely,

A handwritten signature in black ink that reads "Susan Shewchuk". The signature is fluid and cursive, with the first name "Susan" and last name "Shewchuk" clearly legible.

Susan Shewchuk
Human Resources Generalist
LifeSouth Community Blood Centers

Anderson Continuing Education

certifies completion of

HMQACE
SEP 20 2016

Henry's Clinical Diagnosis and Management by Laboratory Methods

21st Edition, Chapters 1, 6, 7, 12, and 70, Section A

William Marena

Name

FL TN30580

State License Number

Completed on 7 /23/2012 for 12 contact hours.

Anderson Continuing Education is an approved accrediting agency with the
California Department of Public Health,
Accrediting Agency Registration #0120, Course #317.

Anderson Continuing Education is approved as a provider of continuing education
by the Florida Board of Clinical Laboratory Personnel, Provider #50-2211.

This course meets the Florida requirement to earn one contact hour
in administration/supervision.

Anderson Continuing Education is approved as a Provider of continuing education
programs in the clinical laboratory sciences by the Clinical Laboratory Personnel
Committee to the Louisiana State Board of Medical Examiners,
providership number CLPC00030.

Robert D. Anderson

Anderson Continuing Education
P.O. Box 276297, Sacramento, CA 95827-6297
1 800 532-2332, www.andersonCE.com

Florida Personnel: Please safeguard this original certificate for four years. If, at a later date, the Board requests your certificate, send the original and keep a copy for your records.

Anderson Continuing Education

certifies completion of

Henry's Clinical Diagnosis and Management by Laboratory Methods

21st Edition, Chapters 9, 10, 13, and 64, Section B

HMQACB
SEP 20 2016

William Marena

Name

FL TN30580

State License Number

Completed on 7 /23/2012 for 13 contact hours.

**Anderson Continuing Education is an approved accrediting agency with the
California Department of Public Health,
Accrediting Agency Registration #0120, Course #318.**

**Anderson Continuing Education is approved as a provider of continuing education
by the Florida Board of Clinical Laboratory Personnel, Provider #50-2211.
This course meets the Florida requirement to earn one contact hour in administration/supervision.**

**Anderson Continuing Education is approved as a Provider of continuing education
programs in the clinical laboratory sciences by the Clinical Laboratory Personnel
Committee to the Louisiana State Board of Medical Examiners,
providership number CLPC00030.**

Robert D. Anderson

**Anderson Continuing Education
P.O. Box 276297, Sacramento, CA 95827-6297
1 800 532-2332, www.andersonCE.com**

Florida Personnel: Please safeguard this original certificate for four years. If, at a later date, the Board requests your certificate, send the original and keep a copy for your records.

This is to certify that:

William Marena

has successfully completed the course:

HIPAA Privacy and Security Rules

Provider Name: MediaLab, Inc. (LabCE)
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 6/3/2016

Assignment#: 9936782

Content: Complete

Exam:

Participant's Florida License Number: TN30580

FL CE Broker Course ID: 214871

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee) _____ Date 06-03-16


Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida Board of Clinical Laboratory Science CE - Supervision/Administration, Quality Control/Quality Assurance, and Safety: 2

P.A.C.E. Contact Hours

Course Number: 578-039-12

This program is approved for 2 P.A.C.E.® contact hour(s).


Paul Fekete, MD, Program Administrator
MediaLab, Inc. (Provider #578)
242 S. Culver St. Suite 300
Lawrenceville, GA 30046
(877) 776-8460
www.MediaLabInc.net | www.LabCE.com

P.A.C.E.®

American Society for Clinical Laboratory Science
1861 International Drive, Suite 200
McLean, VA 22102

MediaLab is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program.

California Accrediting Agency (CAA) #0001

Florida Board of Clinical Laboratory Science CE - Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

HMQACE
SEP 20 2016



This is to certify that:

William Marena

has successfully completed the course:

Medical Error Prevention: Patient Safety

Provider Name: MediaLab, Inc. (LabCE)
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 6/4/2016

Assignment#: 9936779

Content: Complete

Exam:

Participant's Florida License Number: TN30580

FL CE Broker Course ID: 463910

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee)


Date


Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida Board of Clinical Laboratory Science CE - Medical Errors: 2

P.A.C.E. Contact Hours

Course Number: 578-001-16

This program is approved for 2 P.A.C.E.® contact hour(s).


Paul Fekete, MD, Program Administrator
MediaLab, Inc. (Provider #578)
242 S. Culver St, Suite 300
Lawrenceville, GA 30046
(877) 776-8460
www.MediaLabInc.net | www.LabCE.com

P.A.C.E.®

American Society for Clinical Laboratory Science
1861 International Drive, Suite 200
McLean, VA 22102

MediaLab is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program.

California Accrediting Agency (CAA) #0001

Florida Board of Clinical Laboratory Science CE - Medical Errors

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Science requirement in Medical Errors.

HMQACB
SEP 20 2016



This is to certify that:

William Marena

has successfully completed the course:

HIV Safety for Florida Clinical Laboratory Personnel

HMQACE
SEP 20 2016

Provider Name: MediaLab, Inc. (LabCE)
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 6/3/2016
Assignment#: 9936777
Content: Complete
Exam:
Participant's Florida License Number: TN30580
FL CE Broker Course ID: 459723

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee) 06-05-16
Date

Continuing Education Credits

- Florida Board of Clinical Laboratory Science CE - HIV/AIDS: 1

Florida Board of Clinical Laboratory Science CE - HIV/AIDS

This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Science requirement in HIV/AIDS.

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

August 12, 2016

William Colinarena
1212 Meadowbend Dr
Leesburg, FL 34748

Dear Mr. arena:

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:

- **Official transcripts provided by the educational institution. Transcripts must be submitted directly from the educational institution to our office at the address listed below.**
- **Copies of the certificates of completion for 2 hours of Medical Errors (completed on or after 09/01/2014) and 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.cebroker.com**
- **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.cebroker.com**
- **OTHER – Notarized copy of the attestation form**
- **Employment Verification – 5 years of pertinent clinical lab experience, with at least 2 years' experience at a technologist level, and at least 1 year experience in each specialty area for which licensure is sought.**

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 Kelly.Woodard1@flhealth.gov.

Sincerely,

Kelly Woodard
Regulatory Specialist II



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Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

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May 27, 2016

William Colin Marena
1212 Meadowbend Dr
Leesburg, FL 34748

Dear Mr. Marena:

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:

- **Official transcripts provided by the educational institution. Transcripts must be submitted directly from the educational institution to our office at the address listed below.**
- **Copies of the certificates of completion for 2 hours of Medical Errors and 1 hour of HIV/AIDS education approved for the Florida Board of Clinical Laboratory Personnel. (Completed on or after 09/01/2014) To obtain information for continuing education courses, please contact CE Broker @ 1-877-434-6323 or www.cebroke.com**
- **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**
- **OTHER: Notarized copy of the attestation form**
- **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**

You can now follow the progress of your application through our website at:
<https://www2.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



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Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

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November 21, 2016

William Marena
1212 Meadowbend Drive
Leesburg, Florida 34748

Re: William Marena

Dear Mr. Marena:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

Karen Miller
Administrative Assistant

/klm



0601
F-42447

Teresa Phillips

462 NE 660th St., Old Town, FL 32680, 352-210-0366

Rebelrose563@yahoo.com

License # TN42907

September 24, 2016

Florida Board of Clinical Laboratory Personnel

4052 Bald Cypress Way, Bin# C 07

Tallahassee, FL 32399-3257

HMQACB

OCT 03 2016

Subject: Petition for Waiver of Rule 64B3-5.002(3)(a), which sets forth the education, training/experience and examination requirements for licensure as a supervisor.

To Whom It May Concern:

I am requesting a permanent waiver from the Education requirement of the above mentioned rule which requires supervisor applicants to have a Bachelor's degree.

Although I meet/exceed all other requirements, I do not have a Bachelor's degree. I do have >150 semester hours of college (Bachelor's degree requires 120). Of those, more than 40 hours are in academic science plus the 45 hours included in the Medical Technology Program that I attended.

I graduated from a NAACLS approved program and passed the same certification exams to get a Florida Technologist license as those with a Bachelor's degree. I have >5 years of experience as a technologist as required with the past 2 years as a "Lead Technologist" at Shands Hospital Core Lab in Gainesville, FL. I have an AA in Biological Science and an AA in Medical Laboratory Technology.

Thank You,

Teresa Phillips

cc: Joint Administrative Procedures Committee
Room 680
Pepper Building
111 W. Madison Street
Tallahassee, FL 32399-1400

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**Rick Scott**

Governor

Celeste Phillip, MD, MPH

Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

November 21, 2016

Teresa Phillips
462 NE 660th Street
Old Town, Florida 32680

Re: Teresa Phillips

Dear Ms. Phillips:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

A handwritten signature in black ink that reads "Karen Miller".

Karen Miller
Administrative Assistant

/klm

Florida Department of Health**Division of Medical Quality Assurance**

Bureau of Health Care Practitioner Regulation - Board of Chiropractic Medicine

4052 Bald Cypress Way, Bin C-07 • Tallahassee, FL 32399

PHONE: 850-245-4355 • FAX: 850-414-6860

FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

**Scroll down to see the available pages or
advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

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**Rick Scott**

Governor

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Surgeon General and Secretary

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October 11, 2016

MEMORANDUM

TO: Members of Board of Clinical Laboratory Personnel

FROM: Austin Fletcher, Regulatory Specialist II

RE: Cheska Burleson

DATE: October 11, 2016

Dr. Burleson has applied for an upgrade from Technologist to Clinical Laboratory Director in the specialty area of Clinical Chemistry. She has passed the Toxicological Chemist Board certification examination through the National Registry of Certified Chemists. Transcripts were submitted from University of South Florida reflecting a PhD in Marine Science with a concentration in Chemical Oceanography.

- Our office is unable to determine if Dr. Burleson meets the education requirements as listed in Rule 64B3-5.007 F.A.C.

Please review the application and supporting documentation to determine if it meets the requirements of Rule 64B3-5.007, F.A.C.

Thank you for your assistance.

Licensure Information:

License Number	TN48025
Specialties	Clinical Chemistry
1 st License Issued	04/19/2016
License expired	08/31/18

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

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**Rick Scott**

Governor

Celeste Phillip, MD, MPH

Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

October 11, 2016

Cheska Lee Burleson
921 39th Ave Ne
Saint Petersburg, FL 33703

Dear Dr. Burleson:

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 referral reason.

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 245-4355 ext.,3616 or e-mail Austin.Fletcher@flhealth.gov.

Sincerely,

Austin Fletcher
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



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Public Health Accreditation Board

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Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

September 23, 2016

MEMORANDUM

TO: Yvette McCarter, Board of Clinical Laboratory Personnel
FROM: Austin Fletcher, Regulatory Specialist II
RE: Cheska Burleson
DATE: September 23, 2016

Dr. Burleson has applied for licensure as a Clinical Laboratory Director in the specialty area of Clinical Chemistry. Transcripts were submitted from the University of South Florida reflecting a PhD degree in Chemical Oceanography. She is currently registered with the National Registry of Certified Chemists. (NRCC) Dr. Burleson has previously applied and withdrawn an application for Director and is currently licensed as a Technologist.

- Our office is unable to determine if Dr. Burleson meets the education requirements as listed in Rule 64B3-5.007 F.A.C.

Please review the application and supporting documentation to determine if it meets the requirements of Rule 64B3-5.007, F.A.C., or if a full Board review is required.

Your response is requested by October 5th, 2016 assist us with the board agenda deadline.

☐ Approve Application

☒ Full Board Review Requested

☐ Appearance required -OR- ☒ Appearance not required

Comments: Transcript still indicates degree in Marine Science. Letter from Chemistry professor insufficient to demonstrate equivalency to Chemistry degree.

Signature

Yvette McCarter

Date

10-5-16

Current Licensure Information:

License Number	TN48025
Specialties	Clinical Chemistry
1 st License Issued	04/19/2016
License expired	08/31/18

Florida Department of Health

MQA/Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin C-07 • Tallahassee, FL 32399-1701
Express mail address: 4042 Bald Cypress Way - Suite 305
PHONE: 850/245-4355 • FAX 850/922-8876



Accredited Health Department
Public Health Accreditation Board

DIRECTOR APPLICATION CHECKLIST

FILE MERGED _____ DATE 10-11-2016

FILE # 57548 LICENSE # 48025 BOARD RECEIVED DATE: _____

NAME Cheska Burleson

APPLICATION

OPTION 1

- ☐ (1053) INITIAL DIRECTOR
☐ (3048) ADD SPECIALTY
☐ (1033) UPGRADE SUPERVISOR TO DIRECTOR
☒ (1038) UPGRADE TECHNOLOGIST TO DIRECTOR
☐ (1049) UPGRADE TECHNICIAN TO DIRECTOR

☒ DI SPECIALTIES Clinical Chemistry

☒ FEE DUE 160 FEE VALIDATED 160 BALANCE (+/-) 0

☒ ALL PAGES OF APPLICATION RECV - or- MISSING PAGE(S) _____

☒ OIG/LEIE Check Clear ☒ YES ☐ NO

☒ History Indicated on Application
Official Documents Received ☐ Yes ☒ No
Applicant's Explanation ☐ Yes ☒ No
Offense Cleared by Staff ☐ Yes ☒ No

Question #s _____
DOC ID # _____

EDUCATION

DOC ID # _____

☒ COLL./UNIV./ EVAL: University of South Florida

☒ Doctoral Degree PhD in Marine Science ☐ Licensed Physician/Dentist
conc. Oceanography

☒ 1 HR HIV/AIDS

☒ 2 HR MEDICAL ERRORS

DOC ID # _____

DOC ID # _____

NATIONAL EXAM

DOC ID # _____

ABHI ABMM ABMLI ABCC ABB ABMG OTHER NRCC

EXPERIENCE -LICENSED PHYSICIANS ONLY

☐ EMPLOYMENT VERIFICATION

☐ 2 YEARS IN EACH SPECIALTY TO BE DIRECTOR

DOC ID # _____

NOTES N/A

C6601
F47548

FILED
Department Of Health
Deputy Clerk
Angel Sanders
CLERK
DATE
JAN 28 2016

STATE OF FLORIDA
BOARD OF CLINICAL LABORATORY PERSONNEL

In Re: APPLICATION FOR DIRECTOR LICENSURE OF:
CHESKA LEE BURLESON, Ph.D.

ORDER ALLOWING WITHDRAWAL OF APPLICATION

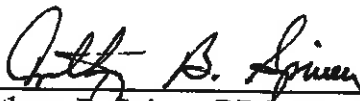
This matter came before the Florida Board of Clinical Laboratory Personnel (Board) at a duly-noticed public telephonic meeting on January 15, 2016. The Applicant was present. The Board was represented by Diane Guillemette, Assistant Attorney General.

The Applicant requested to withdraw her application for licensure and the Board voted to accept the withdrawal. It is therefore **ORDERED** that the application for licensure is **WITHDRAWN**.

This Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 27th day of January, 2016.

BOARD OF CLINICAL LABORATORY PERSONNEL



Anthony B. Spivey, DBA, Executive Director
on behalf of Carleen P. Van Siclen, MS, MLS (ASCP), Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. Mail to: Cheska Burleson, Ph.D., 921 39th Avenue NE, St. Petersburg, Florida 33703; and by electronic mail to: Deborah B. Loucks, Assistant Attorney General, deborah.loucks@myfloridalegal.com, on January 28th, 2016.



Deputy Agency Clerk

6601
F-47548



09/19/2016 160.00
ID: 47548 Type: F
BT: 3004529
R#: 916011011

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

HMQACB

INITIAL LICENSURE LEVEL FEES:

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

- ☐ Initial Director \$160.00 (1053) ☐ Upgrade Supervisor - Director \$160.00 (1033)
☒ Upgrade Technologist - Director \$160.00 (1038) ☐ Upgrade Technician - Director \$160.00 (1049)

SEP 21 2016
HMQACB

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

SEP 21 2016

1. NAME: Burleson Cheska Lee
(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 ☒ NO

If YES, list provide:

2. ADDRESS: (Last) (First) (Middle)

a. MAILING ADDRESS: 921 39th Ave NE St Petersburg FL 33703
(Street and Number) (Apt. #) (City) (State) (Zip)

b. PRIMARY LOCATION: 4969 Van Dyke Rd Lutz FL 33558
(Street and Number) (Apt. #) (City) (State) (Zip)

c. TELEPHONE: 512) 731-9344 (813) 374-9988
Primary: Area Code/Phone Number Business: Area Code/Phone Number

d. EMAIL ADDRESS: Cheska.burleson@gmail.com
(Email Notification: If you want to be 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@floridascliclinicallabs.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.)

☐ YES ☒ NO

3. PERSONAL DATA: 9/17/1985
a. Date of Birth: (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 ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American ☐ Other
SEX: ☐ Male ☒ 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 (Director)

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.

Director: OPTION: 1

☐ Microbiology ☐ Serology/Immunology ☒ Clinical Chemistry ☐ Hematology ☐ Histocompatibility
☐ Andrology ☐ Embryology ☐ Molecular Pathology ☐ Cytogenetics ☐ Immunohematology

NAME: Cheska Burleson

HMQACB

PLEASE USE ADDITIONAL DOCUMENTS, as necessary.

5. EDUCATION INFORMATION:

SEP 21 2016

post masters.
certificate in
Genomics

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

Johns Hopkins AAP remote	08/29/2016 - present	N/A	
(School Name)	(City/State or Country)	(From: MM/DD/YYYY - To: MM/DD/YYYY)	(Graduation Date) (Degree Awarded)
University of South Florida Tampa/FL	08/20/2006 - 08/28/2012	Aug 2012	PhD chemical oceanography
(School Name)	(City/State or Country)	(From: MM/DD/YYYY - To: MM/DD/YYYY)	(Graduation Date) (Degree Awarded)
University of Texas Austin/TX	08/27/2003 - 05/28/2006	MAY 2006	BS Biology
(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. NATIONAL CERTIFICATION EXAMINATION:

Did you successfully pass a National Certification Examination in the area of applying for licensure:
(If YES, please provide the following:)[☒ YES] [] NO

National Registry of certified Chemists (NRCC) - Toxicological Chemist	8/10/2015
(Name of National Certification Examination)	(Examination Date)
(Name of National Certification Examination)	(Examination Date)

7. EMPLOYMENT HISTORY:

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

Zoe Scripts Laboratory Services	4969 Van Dyke Rd Lutz FL 33558	05/11/2014 - present
(Name of Business)	(Full Mailing Address)	(From: MM/DD/YYYY To: MM/DD/YYYY)
Alere	14440 Myn Lake Cir. Largo FL 33760	05/07/2013 - 11/27/2014
(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 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: Cheska Burton

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

PROCEEDINGS and/or ACTIONS

8. APPLICANT HISTORY:

HMQACB

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?

SEP 21 2018 YES [] NO [x]

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 [x] NO

If YES, please complete the following:

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

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

9. 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 [x] 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 [x] NO

c. Have you been refused a license to practice, or the renewal thereof in any state?

[] YES [x] NO

10. 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 [x] 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)
-----------	--------------------	----------------	---------------------	---------------------

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

11. LICENSURE INFORMATION: Do you hold or have you ever held a STATE license to practice Clinical Laboratory in this state or any other state?

[x] YES [] NO

TN 48025
License Number

FL
State/Country

4 / 20 / 2016
Original Date Issued

8 / 31 / 2018
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: Cheska Burleson

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.

12. 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 13) [] YES [☒] NO
- a. If "yes" to 12, 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 12, 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 12, 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 12, 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
13. 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 13, 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
14. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 14a.) [] 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
15. 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 15a or 15b.) [] 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
16. 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
17. If "yes" to any of the questions 12 through 16 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

NAME: Cheska Burleson

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18. APPLICANT SIGNATURE:

SEP 21 2016

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.


APPLICANT'S SIGNATURE

9/8/16
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.

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

HMQACB

SEP 21 2016

VERIFICATION OF CLINICAL LABORATORY EXPERIENCE

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

APPLICANT NAME: Burleson Cheska Lee
(Last) (First) (Middle)
EMPLOYER NAME: ZoeScripts Laboratory Services
MAILING ADDRESS: 4969 Van Dyke Rd Lutz FL 33558
(Street and Number) (Apt. #) (City) (State) (Zip)
TELEPHONE: (813) 374-9988 **CLIA#:** 10D2066495
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: 11/2014 To: present 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	AV drug screening & validity	11/2014 to present
	Hematology	LC-MS/MS analysis of 100 drugs and metabolites	
	Immunohematology		/ 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.

William Eng MD
 Print Name (Laboratory Supervisor/Director/Personnel Director)

William Eng MD
 Signature (Laboratory Supervisor/Director/Personnel Director)

Laboratory Director
 Title

9-1-2016
 Date



LICENSE VERIFICATION

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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: Burleson Cheska Lee
(Last) (First) (Middle)

Address: 921 39th Ave NE Saint Petersburg FL 33703
(Street) (City) (State) (Zip/Postal Code)

DOB: 9/17/85 License No.: TN48025 Title of License: Clinical Laboratory Technologist

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.

This is to certify that:

cheska burleson

has successfully completed the course:

HIV Safety for Florida

Provider Name: **MediaLab, Inc.**
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 11/3/2015

Assignment#: 8952448

Content: Complete

Exam:

Continuing Education Credits

- Florida Board of Clinical Laboratory Science CE - HIV/AIDS: 1

Florida Board of Clinical Laboratory Science CE - HIV/AIDS

This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Science requirement in HIV/AIDS.

This is to certify that:

cheska burleson

has successfully completed the course:

Medical Error Prevention: Patient Safety

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 11/3/2015
Assignment#: 8952459
Content: Complete
Exam:

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida Board of Clinical Laboratory Science CE - Medical Errors: 2

P.A.C.E. Contact Hours

Course Number: 578-012-11

This program is approved for 2 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
MediaLab Inc. (Provider #578)
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P.A.C.E.®

American Society for Clinical Laboratory Science
1861 International Drive, Suite 200, McLean, VA 22102

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California Accrediting Agency (CAA) #0001

Florida Board of Clinical Laboratory Science CE - Medical Errors

This course fulfills 2 hours toward the Florida Board of Clinical Laboratory Science requirement in Medical Errors.



This is to certify that:

cheska burleson

has successfully completed the course:

Laws and Rules of the Florida Board of Clinical Laboratory Personnel

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 11/3/2015
Assignment#: 8954911
Content: Complete
Exam:

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Continuing Education Credits

- Florida Board of Clinical Laboratory Science CE - Laws and Rules: 1

Florida Board of Clinical Laboratory Science CE - Laws and Rules

This course provides 1 hour(s) of Florida Board of Clinical Laboratory Science CE credit that fulfills the requirement for Florida Laws and Rules of the Board of Clinical Laboratory Science training.

This is to certify that:

cheska burleson

has successfully completed the course:

OSHA Hazard Communication and Chemical Hygiene Updated to the Globally Harmonized System

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 7/1/2013
Assignment#: 5968420
Content: Complete
Exam:

My signature below certifies that I have taken and completed this course without outside assistance.



Signature of student (employee)

Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1

P.A.C.E. Contact Hours

Course Number: 578-014-11

This program is approved for 1 P.A.C.E.® contact hours.



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P.A.C.E.®

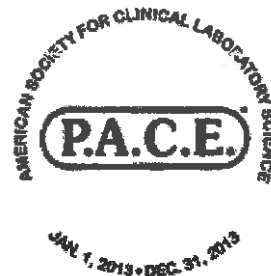
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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

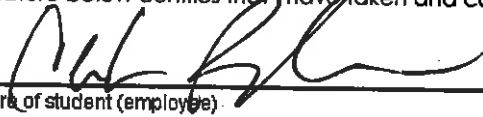
cheska burleson

has successfully completed the course:

OSHA Fire Safety

Provider Name: **MediaLab, Inc.**
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 7/1/2013
Assignment#: 5968397
Content: Complete
Exam:

My signature below certifies that I have taken and completed this course without outside assistance.



Signature of student (employee)

Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1

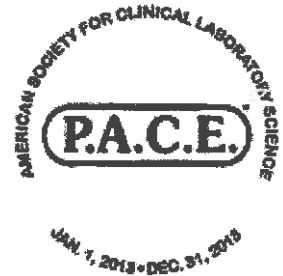
P.A.C.E. Contact Hours

Course Number: 578-026-12

This program is approved for 1 P.A.C.E.® contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

This is to certify that:

cheska burleson

has successfully completed the course:

OSHA Electrical Safety

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 7/1/2013
Assignment#: 5968396
Content: Complete
Exam:

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My signature below certifies that I have taken and completed this course without outside assistance.



Signature of student (employee)

Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1

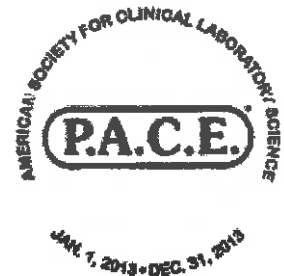
P.A.C.E. Contact Hours

Course Number: 578-016-12

This program is approved for 1 P.A.C.E.® contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

This is to certify that:

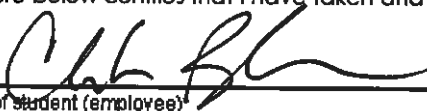
cheska burleson

has successfully completed the course:

OSHA Bloodborne Pathogens

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 7/1/2013
Assignment#: 5968395
Content: Complete
Exam:

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee)

Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 1.5
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1.5

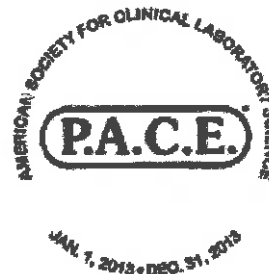
P.A.C.E. Contact Hours

Course Number: 578-013-11

This program is approved for 1.5 P.A.C.E.® contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 1.5 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

This is to certify that:

cheska burleson

has successfully completed the course:

HIPAA Privacy and Security Rules

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 7/1/2013
Assignment#: 5967756
Content: Complete
Exam: .

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My signature below certifies that I have taken and completed this course without outside assistance.



Signature of student (employee) Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 2

P.A.C.E. Contact Hours

Course Number: 578-039-12

This program is approved for 2 P.A.C.E.@ contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

This is to certify that:

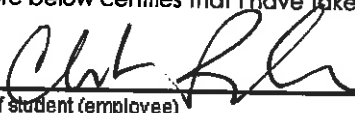
cheska burleson

has successfully completed the course:

Laboratory Ergonomics

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 11/13/2013
Assignment#: 6401979
Content: Complete
Exam:

My signature below certifies that I have taken and completed this course without outside assistance.



Signature of student (employee) Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1

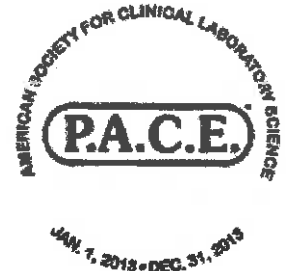
P.A.C.E. Contact Hours

Course Number: 578-007-14

This program is approved for 1 P.A.C.E.® contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

This is to certify that:

cheska burleson

has successfully completed the course:

Laboratory Effectiveness: Clinical Laboratory Utilization

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 11/12/2015
Assignment#: 8975186
Content: Complete
Exam: ,

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SEP 21 2016

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 2

P.A.C.E. Contact Hours

Course Number: 578-010-13

This program is approved for 2 P.A.C.E.® contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE



This is to certify that:

cheska burleson

has successfully completed the course:

Medicare Compliance for Clinical Laboratories

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 11/3/2015
Assignment#: 8955058
Content: Complete
Exam:

Continuing Education Credits

- P.A.C.E. Contact Hours: 2.5
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 2.5

P.A.C.E. Contact Hours

Course Number: 578-011-14

This program is approved for 2.5 P.A.C.E.® contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 2.5 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

cheska burleson

has successfully completed the course:

Basics of Lean and Six Sigma for the Laboratory

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 11/3/2015
Assignment#: 8954131
Content: Complete
Exam:

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 2

P.A.C.E. Contact Hours

Course Number: 578-010-12

This program is approved for 2 P.A.C.E.® contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE



This is to certify that:

cheska burleson

has successfully completed the course:

Quality Control

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 11/4/2015
Assignment#: 8958879
Content: Complete
Exam:

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SEP 21 2016

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 2

P.A.C.E. Contact Hours

Course Number: 578-029-12

This program is approved for 2 P.A.C.E.® contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE

This is to certify that:

cheska burleson

has successfully completed the course:

Packaging and Shipping Infectious Materials (revised July 2013, up-to-date for 2015)

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 11/7/2015
Assignment#: 8964765
Content: Complete
Exam:

This course meets International Air Transport Association (IATA) and International Civil Aviation Organization (ICAO) training requirements for packaging and shipping Category A and Category B infectious substances.

This course also meets College of American Pathologists' and other organizations' training requirements for packaging and shipping Division 6.2 hazards (infectious materials).

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 2

P.A.C.E. Contact Hours

Course Number: 578-011-13

This program is approved for 2 P.A.C.E.® contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE



This is to certify that:

cheska burleson

has successfully completed the course:

Linear Regression Analysis

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 11/7/2015
Assignment#: 8958881
Content: Complete
Exam:

Continuing Education Credits

- P.A.C.E. Contact Hours: 2.5
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 2.5

P.A.C.E. Contact Hours

Course Number: 578-042-12

This program is approved for 2.5 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
MediaLab Inc. (Provider #578)
242 S. Culver St, Suite 300, Lawrenceville, GA 30046
www.MediaLabInc.net | www.LabCE.com

P.A.C.E.®

American Society for Clinical Laboratory Science
1861 International Drive, Suite 200, McLean, VA 22102

MediaLab is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program.

California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

Course Number: 578-025-12

This course qualifies for 2.5 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

cheska burleson

has successfully completed the course:

Descriptive Statistics

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 11/7/2015
Assignment#: 8958880
Content: Complete
Exam:

HMQACB

SEP 21 2016

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 2

P.A.C.E. Contact Hours

Course Number: 578-020-12

This program is approved for 2 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
MediaLab Inc. (Provider #578)
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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

This is to certify that:

cheska burleson

has successfully completed the course:

Introduction to Bioterrorism

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 11/8/2015

Assignment#: 8965485

Content: Complete

Exam:

Continuing Education Credits

- P.A.C.E. Contact Hours: 1.5
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1.5

P.A.C.E. Contact Hours

Course Number: 578-011-11

This program is approved for 1.5 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
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P.A.C.E.®

American Society for Clinical Laboratory Science
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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 1.5 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

cheska burleson

has successfully completed the course:

Ebola Virus Disease (EVD) and Clinical Laboratory Safety in the United States

HMQACB

SEP 21 2016

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 11/8/2015
Assignment#: 8965334
Content: Complete
Exam:

Continuing Education Credits

- P.A.C.E. Contact Hours: 1.5
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 1.5

P.A.C.E. Contact Hours

Course Number: 578-003-15

This program is approved for 1.5 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
MediaLab Inc. (Provider #578)
242 S. Culver St, Suite 300, Lawrenceville, GA 30046
www.MediaLabInc.net | www.LabCE.com



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American Society for Clinical Laboratory Science
1861 International Drive, Suite 200, McLean, VA 22102

MediaLab is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program.

California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety

This course qualifies for 1.5 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE

Bill J. Baker, Director
Telephone: (813) 974-0274
bjbaker@usf.edu



1 Sept 2016

To The Florida Board of Clinical Laboratory Personnel:

I am writing on behalf of Cheska Burleson. She completed her dissertation work in my natural products chemistry laboratory in the Chemistry department in the College of Arts and Sciences as well as at the College of Marine Science. She graduated from The University of South Florida (USF) in 2012 with a Ph.D. in Marine Science concentration on Chemical Oceanography. As a professor of chemistry at USF and a co-major professor for her Ph. D., I assert that her degree subject matter and coursework were analogous to dissertation projects in the Biology and Chemistry departments of the College of Arts and Sciences. Her degree should be considered equivalent to a Ph.D. in Biology or Chemistry in the content, coursework, and utilization of chemical and biological techniques performed.

Sincerely,

Bill J. Baker
Professor of Chemistry

I am the laboratory director of Zoescripts Laboratory Services writing in support of Cheska Burleson's application for a Certificate of Qualification. She has worked at Zoescripts Laboratory Services for the past two years and is responsible for streamlining and monitoring the daily operation of the laboratory and developing new methods for analysis. Zoescripts Laboratory analyzes approximately 1,000 urine samples and 30 oral fluid samples per month for 110 drugs and metabolites. Drug and validity screening using an AU400 is performed on approximately 100 samples per month.

Cheska has established and implemented the standard operating procedures for each procedure and a quality assurance plan. Monthly, she performs an initial analysis of the quality control and quality assurance data before my monthly review and documents the reason and solution for any problems. She communicates with the LIS operators, reference laboratories, and the Zoescripts Laboratory staff to reliably assimilate patient data and results for entry and reporting needs.

With respect to patient testing, she is involved in the daily sample accessioning, plating, and data collection of samples. She performs a secondary review all patient results and adds comments when applicable to the report for further clarification of results. Cheska fields questions from physicians concerning metabolism of drugs and validity of the sample and suggests and provides further testing when applicable.

She additionally develops, alters, and validates extractions, LC-MS methods, Tecan scripts, and procedures to suit the needs of the laboratory. She orders laboratory supplies and oversees proficiency testing. Cheska has completed 20 hours of continuing education at the supervisory level through the Florida Department of Health, and I believe that she will be adept at directing a laboratory.

Sincerely,

A handwritten signature in black ink that reads "William Eng MD". The signature is written in a cursive, flowing style.

Dr. Eng



Training Certification

APR 05 2016

This certificate is awarded to

Name: Cheska Lee Burleson

License #: TR10184

In Recognition of Completing
Global Clinical Laboratory Training
Program #TP277
For Chemistry

Notary Seal



JACQUELINE A. MILLER
MY COMMISSION # EE 188333
EXPIRES: July 24, 2018
Bonded Thru Budget Notary Services

Signed before me

this ^{20th} day March 2016

Jacqueline A. Miller

Rebecca Kemmer
Trainer Signature

3-29-2016

Date

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

November 21, 2016

Cheska Lee Burleson
921 39th Avenue, NE
Saint Petersburg, Florida 33703

Re: Cheska L. Burleson

Dear Dr. Burleson:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

A handwritten signature in black ink that reads "Karen Miller".

Karen Miller
Administrative Assistant

/klm



CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

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advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

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
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

TO: Members, Board of Clinical Lab Personnel
FROM: Nicole Wiley, Regulatory Specialist II
SUBJECT: Mark Keen
DATE: November 8, 2016

Attached for your review is a copy of the file for the above-referenced applicant. This application was received on October 11, 2016 and is being presented pursuant to information obtained through the application process relating to applicant Health history.

Board Staff have reviewed Mr. Keen's application and have referred the application to the board for full review.

- **Mr. Keen has responded "yes" to applicant history questions 1 and 5.**
- **Mr. Keen has submitted a self-explanation and information regarding the circumstances of his treatment.**

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

November 8, 2016

Mark Douglas Keen
8221 Rochelle Rd
Louisville, KY 40228

Dear Mr. Keen:

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 health history.

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 or e-mail Nicole.Wiley@flhealth.gov.

Sincerely,

Nicole Wiley
Regulatory Specialist II



6601
F-48818



10/11/2016 100.00
ID: 48818 Type: F
BT: 3005595
R#: 916013346

CLINICAL LABORATORY LICENSURE

(Client: 6601)

INITIAL & UPGRADE LICENSURE - TECHNOLOGIST

INITIAL LICENSURE LEVEL FEES:

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

☒ Initial Technologist \$100.00 (1052) ☐ Upgrade Technician - Technologist \$100.00 (1044)

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

1. NAME: KEEN MARK DOUGLAS
(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 ☒ NO

If YES, list provide:

2. ADDRESS: (Last) (First) (Middle)
a. MAILING ADDRESS: 8221 Rochelle Rd Louisville KY 40228
(Street and Number) (Apt. #) (City) (State) (Zip)

b. PRIMARY LOCATION: 8221 Rochelle Rd Louisville KY 40228
(Street and Number) (Apt. #) (City) (State) (Zip)

c. TELEPHONE: 502 807-9101 ()
Primary: Area Code/Phone Number Business: Area Code/Phone Number

d. EMAIL ADDRESS: MKeen96@aol.com
(Email Notification: If you want to be 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@floridascliclinallabs.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.)

☒ YES ☐ NO

3. PERSONAL DATA:
a. Date of Birth: 02/23/1952
(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 ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American ☐ Other
SEX: ☒ Male ☐ 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.

Technologist: OPTION: 1

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Serology/Immunology | <input type="checkbox"/> Clinical Chemistry | <input type="checkbox"/> Hematology | <input type="checkbox"/> Immunohematology |
| <input type="checkbox"/> Histocompatibility | <input type="checkbox"/> Andrology | <input type="checkbox"/> Embryology | <input type="checkbox"/> Molecular Pathology | |
| <input type="checkbox"/> Histology | <input type="checkbox"/> Cytology | <input type="checkbox"/> Cytogenetics | <input type="checkbox"/> Blood Banking (Donor Processing) | |
| <input checked="" type="checkbox"/> Generalist (Microbiology, Serology/Immunology, Clinical Chemistry, Hematology, Immunohematology and Molecular Pathology) | | | | |

NAME:

KEEN, MARK

5. EDUCATION INFORMATION:

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

Western KY University Bowling Green KY 8/1970-5/75 Bachelor Sci
 (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)

(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:

[] 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:

☒ YES [] NO

(If YES, please provide the following:)

AMT 1976
 (Name of National Certification Examination) (Examination Date)

(Name of National Certification Examination) (Examination Date)

8. EMPLOYMENT HISTORY:

List in chronological order all CLP employment.

Graves Gilbert Clinic 825 2nd Bowling Green KY 42101
 (Name of Business) (Full Mailing Address) (From: MM/DD/YYYY To: MM/DD/YYYY)

S + Joseph / Audubon Hospital #1 Aud Plaza Drive Hwy, KY 40217
 (Name of Business) (Full Mailing Address) (From: MM/DD/YYYY To: MM/DD/YYYY)

Hendrix Mem Hospital 913 N Dixie, Elizabethtown, KY 42701
 (Name of Business) (Full Mailing Address) (From: MM/DD/YYYY To: MM/DD/YYYY)

St Marys Elizabethtown Hospital 1850 Bluegrass Hwy, KY 40215
 (Name of Business) (Full Mailing Address) (From: MM/DD/YYYY To: MM/DD/YYYY)

U / Louisville Hospital 5305 Jackson, Louisville, KY 40202
 (Name of Business) (Full Mailing Address) (From: MM/DD/YYYY To: MM/DD/YYYY)

NAME: KEEN, MARK

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?
- 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

[] YES ☒ NO

If YES, please complete the following:

(Name of Agency)	(City/State)	(Date: MM/DD/YYYY)	(Final Action)	(Under Appeal? Y/N)
(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?
- 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?
- c. Have you been refused a license to practice, or the renewal thereof in any state?

[] YES ☒ NO

[] YES ☒ NO

[] 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.

Violation of KYEPO/prc 11/6/2009 Jefferson Co 5/28/10 * See Attached
(Offense) (Date: MM/DD/YYYY) (Jurisdiction) (Final Disposition) (Under Appeal? ☒ N)

Open MV/ALC 1st OFF 10/30/2011 Jefferson Co 11/2/11 / 6/11/12
(Offense) (Date: MM/DD/YYYY) (Jurisdiction) (Final Disposition) (Under Appeal? ☒ 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: _____

KEEN, MARK

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

19. **APPLICANT SIGNATURE:**

I understand that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083 and 775.084, Florida Statutes.

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.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. 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.

Mark Keen
APPLICANT'S SIGNATURE

9/30/16
DATE

State of Kentucky
County of Jefferson

Sworn to and/or subscribed before me this 30th day of September, 2016

by Mark Keen whose identity is known to me by Kentucky Driver's license



H Surbaugh
Notary Signature
Holly Surbaugh
Name of Notary Printed

Stamp Commissioned Notary Public:

*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.

INTER-DEPARTMENTAL

Cross out previous address. Use repeatedly.

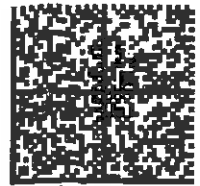
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40228



Name _____

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Name _____

Dept. _____

Name _____

Dept. _____

Name _____

From
8221 Rockledge Rd
Louisville, KY
40228

To

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

Dept. _____

Name _____

Dept. _____

Dept. _____

Name _____

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: KEEN MARK DOUGLAS
 (Last) (First) (Middle)

EMPLOYER NAME: (CHI) University Louisville Hospital

MAILING ADDRESS: 5305 Jackson St Louisville, KY 40202
 (Street and Number) (Apt. #) (City) (State) (Zip)

TELEPHONE: 502 562-3410 **CLIA#:** 18D0106090
 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: 05/2015 To: present Full Time: 36 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 /
	Clinical Chemistry		/ to /
	Hematology		/ to /
X	Immunohematology/Blood Banking (Donor Processing)	ABO Rh, Antibody Screen, AB Identification, AB titer, DAT, Co. Elution, Crossmatch, Irradiation	05/2015 to present
	Cytogenetics	K. Bstain, Fetal Screen, Component Preparation - Volume Reduction	/ 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.

Kate S. McDaniel
 Print Name (Laboratory Supervisor/Director/Personnel Director)

Kate S. McDaniel
 Signature (Laboratory Supervisor/Director/Personnel Director)

Blood Bank Lead Tech
 Title

9/30/16
 Date

Certificate of Completion



OnCourse Learning

1721 Moon Lake Blvd., Ste. 540
Hoffman Estates, IL 60169

On this date of Friday, September 30, 2016

mark +keen
8221 rochelle
louisville, KY 40228
License #: Clinical Laboratory Technologists - CLT KY 211552

1.00 contact hours for the study of:

Florida Update — HIV/AIDS in the New Millennium (CE234-60)
Passing Score:

OnCourse Learning is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the healthcare team.

OnCourse Learning is also accredited by the Florida Board of Nursing, District of Columbia Board of Nursing, and Georgia Board of Nursing (provider # 50-1489). OnCourse Learning is approved by the California Board of Registered Nursing, provider # CEP13213, ended 12/29/14; CEP16588, 03/19/15 to 3/31/17, for 1.00 contact hour(s).

Physical therapists will earn 1.0 contact hour or 0.1 CEU/CCE for this course. OnCourse Learning is an approved sponsor by The New York State Education Department of continuing education for physical therapists and physical therapist assistants from October 21, 2009 to October 21, 2012. This activity is provided by the Texas Board of Physical Therapy Examiners Accredited Provider #GED012010TPTA2012004 and meets continuing competence requirements for physical therapist and physical therapist assistant licensure renewal in Texas for the period of 1/1/2010 through 12/31/2012. The assignment of Texas PT CCUs does not imply endorsement of specific course content, products, or clinical procedures by TPTA or TBPTE. As of 4/5/10, OnCourse Learning is recognized by the Physical Therapy Board of California as an approved reviewer and provider of continuing competency courses for the state of California. This course has been approved as meeting the continuing education requirements for PTs and PTAs by the Florida Physical Therapy Association. Approval of this course does not necessarily imply the Florida Physical Therapy Association supports the views of the presenter or the sponsors.

Robert G. Hess, Jr., PhD, RN, FAAN
Executive Vice President, Education Programs & Credentialing, Healthcare

Please keep this original certificate for your professional records for at least 4 years; do not send to the board unless certificate is specifically requested.

This is to certify that:

mark keen

has successfully completed the course:

Medical Error Prevention: Patient Safety

Provider Name: MediaLab, Inc. (LabCE)
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 9/30/2016
Assignment#: 10411549
Content: Complete
Exam:

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida Board of Clinical Laboratory Science CE - Medical Errors: 2

P.A.C.E. Contact Hours

Course Number: 578-001-16

This program is approved for 2 P.A.C.E.® contact hour(s).



Paul Fekete, MD, Program Administrator
MediaLab, Inc. (Provider #578)
242 S. Culver St, Suite 300
Lawrenceville, GA 30046
(877) 776-8460
www.MediaLabInc.net | www.LabCE.com

P.A.C.E.®

American Society for Clinical Laboratory Science
1861 International Drive, Suite 200
McLean, VA 22102

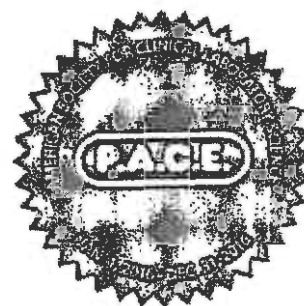
MediaLab is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program.

California Accrediting Agency (CAA) #0001

Florida Board of Clinical Laboratory Science CE - Medical Errors

Course Number: 286273

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Science requirement in Medical Errors.



LabCE

Medical Error Prevention: Patient
Safety

Certificate of Completion



Welcome, **mark keen**! [Need help?](#)

Print Your Certificate

Your certificate of completion has been generated as a PDF file. To view and print this file, click the link below.

Look for the link to view / download your certificate at the bottom of your browser window.

When printing the certificate, click the print icon in the Adobe Reader viewer instead of the print icon in your Internet browser. If you cannot view the file, please visit www.adobe.com/reader for a free Adobe Reader PDF viewer.

Certificate of Completion

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Florida Board of Clinical Laboratory Science CE - Medical Errors

Course Number: 286273

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Science requirement in Medical Errors.

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Mission:

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Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

October 18, 2016

Mark Douglas Keen
8221 Rochelle Rd
Louisville, KY 40228

Dear Mr. Keen:

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:

- You have responded YES to a question regarding a conviction, judgment or disposition to a misdemeanor or felony violation. You are required to provide the following information:
 - **Applicant Statement:** a detailed self-explanation of the circumstances surrounding the event(s), which includes the date(s), jurisdiction(s), and offense(s);
 - **Probation/Fines:** certified copies of any additional documentation that shows completion of probation and payment of all fines.
- **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 MQA_ClinicalLab@doh.state.fl.us
- You have responded YES to a health history question. Please provide the dates and circumstances of such treatment and/or addiction along with the names and addresses of the medical practitioners or hospitals that performed such treatment.
- **Employment Verification:** An additional 1 year and 8 months of experience with a minimum of 6 months in each specialty area for which licensure is sought.

You can now follow the progress of your application through our website at: <https://www2.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 Nicole.Wiley@flhealth.gov.

Sincerely,

Nicole Wiley
Regulatory Specialist II



10/12/2016 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

October 12, 2016

Mark Douglas Keen
8221 Rochelle Rd October 16
Louisville, KY 40228

Dear Mr. Keen:
10/18/2016

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:

- You have responded YES to a question regarding a conviction, judgment or disposition to a misdemeanor or felony violation. You are required to provide the following information:
 - **Applicant Statement:** a detailed self-explanation of the circumstances surrounding the event(s), which includes the date(s), jurisdiction(s), and offense(s);
 - **Official Court Records:** certified copies of the official final court disposition obtained from the court house or the clerk of courts;
 - **Probation/Fines:** certified copies of any additional documentation that shows completion of probation and payment of all fines.
- **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 MQA_ClinicalLab@doh.state.fl.us
- **Employment Verification:** An additional 1 year and 8 months of experience with a minimum of 6 months in each specialty area for which licensure is sought.
- You have responded YES to health history questions 1 and 5. Please provide the circumstances of such treatment and/or addiction.

*** Please note that once all documents have been received, your file will be presented before the board at the next available meeting***

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, ext. 3624 or by e-mail at Nicole.Wiley@flhealth.gov.

Sincerely,

Nicole Wiley
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 Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

November 21, 2016

Mark Douglas Keen
8221 Rochelle Road
Louisville, KY 40228

Re: Mark D. Keen

Dear Mr. Keen:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

Karen Miller
Administrative Assistant

/klm



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SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

Mission:

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Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

TO: Members, Board of Clinical Lab Personnel

FROM: Austin Fletcher, Regulatory Specialist II

SUBJECT: Nicholas Dragun

DATE: November 8, 2016

Attached for your review is a copy of the file for the above-referenced applicant. This application was received on October 5, 2016 and is being presented pursuant to information obtained through the application process relating to applicant Health history.

Board Staff have reviewed Mr. Dragun's application and have referred the application to the board for full review.

- **Mr. Dragun has responded "yes" to applicant history question 3.**
- **Mr. Dragun has submitted a self-explanation and information regarding the circumstances of his treatment.**

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

Thank you for your assistance.

Licensure Information: Not currently licensed.



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Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

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November 8, 2016

Nicholas John Dragun
13307 Stone Pond Drive
Jacksonville, FL 32224

Dear Mr. Dragun:

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 referral reason.

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 245-4444 or e-mail Austin.Fletcher@flhealth.gov.

Sincerely,

Austin Fletcher
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

10/05/2016 100.00
ID: 48794 Type: F
BT: 3005398
R#: 91601296 HMQACB

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

INITIAL LICENSURE LEVEL FEES:

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

| | **Initial Technologist \$100.00 (1052)** | | **Upgrade Technician - Technologist \$100.00 (1044)**

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

1. NAME: Dragun Nicholas John
(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 | ☒ NO

If YES, list provide:

(Last) (First) (Middle)

2. ADDRESS:

a. MAILING ADDRESS: 13307 Stone Pond Drive Sachseville, FL 32244
(Street and Number) (Apt. #) (City) (State) (Zip)

b. PRIMARY LOCATION: _____
(Street and Number) (Apt. #) (City) (State) (Zip)

c. TELEPHONE: (904) 955-1896 (904) 955-1896
Primary: Area Code/Phone Number Business: Area Code/Phone Number

d. EMAIL ADDRESS: nddragun78@comcast.net
(Email Notification: If you want to be 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@floridascliclab.org. 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.)

☒ YES | | NO

3. PERSONAL DATA:

a. Date of Birth: 02/04/1978
(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 | | Black | | Hispanic | | Asian/Pacific Islander | | Native American | | Other
SEX: ☒ Male | | 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.

Technologist: **OPTION:** 2a

<input type="checkbox"/> Microbiology	<input type="checkbox"/> Serology/Immunology	<input type="checkbox"/> Clinical Chemistry	<input type="checkbox"/> Hematology	<input type="checkbox"/> Immunohematology
<input type="checkbox"/> Histocompatibility	<input type="checkbox"/> Andrology	<input type="checkbox"/> Embryology	<input type="checkbox"/> Molecular Pathology	
<input checked="" type="checkbox"/> Histology	<input type="checkbox"/> Cytology	<input type="checkbox"/> Cytogenetics	<input type="checkbox"/> Blood Banking (Donor Processing)	
<input type="checkbox"/> Generalist (Microbiology, Serology/Immunology, Clinical Chemistry, Hematology, Immunohematology and Molecular Pathology)				

NAME: Nicholas Dragon

5. EDUCATION INFORMATION:

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

<u>FSCJ</u> (School Name)	<u>Jacksonville, FL</u> (City/State or Country)	<u>08/2015 - 08/2016</u> (From: MM/DD/YYYY - To: MM/DD/YYYY)	<u>8/18/16</u> (Graduation Date)	<u>A.S.</u> (Degree Awarded)
<u>College of Charleston</u> (School Name)	<u>Charleston, SC</u> (City/State or Country)	<u>08/1997 - 05/2002</u> (From: MM/DD/YYYY - To: MM/DD/YYYY)	<u>5/15/02</u> (Graduation Date)	<u>B.A.</u> (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:

[] YES [X] 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:

[X] YES [] NO

(If YES, please provide the following:)

<u>HTL (ASCP)</u> (Name of National Certification Examination)	<u>9/28/16</u> (Examination Date)
---	--------------------------------------

(Name of National Certification Examination)	(Examination Date)
--	--------------------

8. EMPLOYMENT HISTORY:

List in chronological order all CLP employment.

(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 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 of Business)	(Full Mailing Address)	(From: MM/DD/YYYY To: MM/DD/YYYY)

NAME: Nicholas Dragon

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 [X] 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 [X] NO

If YES, please complete the following:

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

(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 [X] 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 [X] NO

c. Have you been refused a license to practice, or the renewal thereof in any state?

[] YES [X] 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 [X] 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)
-----------	--------------------	----------------	---------------------	---------------------

(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?

[X] YES [] NO

<u>TL 10909</u> License Number	<u>FL / USA</u> State/Country	<u>11 / 05 / 2015</u> Original Date Issued	<u>08 / 31 / 2016</u> 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: Nicholas Dragon

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 [X] 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 [X] 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 [X] 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 [X] 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 [X] 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

19. NAME: Nicholas Dragon

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.

Nicholas Dragon
APPLICANT'S SIGNATURE

10/3/16
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.

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

November 21, 2016

Nicholas John Dragun
13307 Stone Pond Drive
Jacksonville, Florida 32223

Re: Nicholas John Dragun

Dear Mr. Dragun:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

A handwritten signature in black ink that reads "Karen Miller".

Karen Miller
Administrative Assistant

/klm



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AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

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
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

B. May

TO: Members, Board of Clinical Lab Personnel
FROM: Kelly Woodard, Regulatory Specialist II
SUBJECT: Laura Kuras
DATE: September 16, 2016

Attached for your review is a copy of the file for the above-referenced applicant. This application was received on June 25, 2016 and is being presented pursuant to information obtained through the application process relating to applicant education. Ms. Kuras has applied for licensure as a Clinical Laboratory Supervisor in the specialty areas of Generalist. Transcripts were submitted from Florida Gulf Coast University reflecting a Bachelor's degree in Health Science - Edison State College reflecting an Associates' degree - Kaplan University - University of St. Francis - and Sarasota County Vocational reflecting completion of an approved MLT program. After review of the transcripts, board staff counted a total of 6 hours of academic science.

The Credentialing Committee has reviewed Ms. Kuras' application and have referred the application to the board for full review.

- **Our office is unable to determine if Ms. Kuras meets the education requirements as listed in Rule 64B3-5.002 F.A.C.**

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:

License Number	TN18936
Specialties	MSCHI-MP
1st License Issued	02/16/2009
License expired	08/31/18



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Surgeon General and Secretary

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September 16, 2016

Mrs Laura Theophilia Kuras
443 Seaworthy Rd
North Fort Myers, FL 33903

Dear Ms. Kuras:

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 education.

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) 488-0595 or e-mail Kelly.Woodard1@flhealth.gov.

Sincerely,

Kelly Woodard
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:

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Governor

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State Surgeon General and Secretary

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September 12, 2016

MEMORANDUM

TO: Carleen Van Siden, Board of Clinical Laboratory Personnel
FROM: Kelly Woodard, Regulatory Specialist II
RE: Laura Kuras
DATE: September 12, 2016

Ms. Kuras has applied for licensure as a Clinical Laboratory Supervisor in the specialty areas of Generalist. Transcripts were submitted from Florida Gulf Coast University reflecting a Bachelor's degree in Health Science - Edison State College reflecting an Associates' degree - Kaplan University - University of St. Francis - and Sarasota County Vocational reflecting completion of an approved MLT program. After review of the transcripts, board staff counted a total of 6 hours of academic science. Board staff would like to confirm that Ms. Kuras does not meet the educational requirements

- Our office is unable to determine if Ms. Kuras meets the education requirements as listed in Rule 64B3-5.002 F.A.C.

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

Your response is requested by September 23, 2016 assist us with the board agenda deadline.

☐ Approve Application

☒ Full Board Review Requested

☐ Appearance required -OR- ☒ Appearance not required

Comments: Transcript from Edison State College show 6 hours of academic science in Fall 1987. Advanced degrees are in Health Science not Biology, Chemistry, or Medical Laboratory Sciences.

Signature

Date

Current Licensure Information:

License Number	TN18936
Specialties	MSCHI-MP
1 st License issued	02/16/2009
License expired	08/31/18

Florida Department of Health

MQA/Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin C-07 • Tallahassee, FL 32399-1701
Express mail address: 4042 Bald Cypress Way - Suite 305
PHONE: 850/245-4355 • FAX 850/922-8876



Accredited Health Department
Public Health Accreditation Board

SUPERVISOR APPLICATION CHECKLIST

FILE # 13267 LICENSE # 18936

NAME Kuras, Laura T.

BOARD RECEIVED DATE 10/25/16 OPTION 3a

APPLICATION

- ☐ (1054) INITIAL SUPERVISOR
☐ (3047) ADD SPECIALTY
☒ (1043) UPGRADE TECHNOLOGIST TO SUPERVISOR
☐ (1045) UPGRADE TECHNICIAN TO SUPERVISOR

SU SPECIALTIES mscHI - mp

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

() ALL PAGES OF APPLICATION RECV - or- MISSING PAGE(S) _____

OIG/LEIE Check Clear ☒ YES ☐ NO

EDUCATION

UNIVERSITY Florida Gulf Coast University DOC ID NUMBER _____

TRANSCRIPTS RECEIVED ☒ YES ☐ NO

DEGREE BS Health Science DOC ID NUMBER _____

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

CREDENTIAL EVALUATION RECEIVED ☐ YES ☒ NO

☒ 1 HR HIV/AIDS DOC ID NUMBER _____

☒ 2 HR MEDICAL ERRORS DOC ID NUMBER _____

☒ 25 HOURS CE SUPERVISION/MANAGEMENT DOC ID NUMBER _____

☐ 48 HOURS CE SUPERVISION/MANAGEMENT (HISTOLOGY) DOC ID NUMBER _____

EXAM

☒ NATIONAL EXAM SCORES ML ASCP AMT AAB ABHI DOC ID NUMBER _____

LICENSURE VERIFICATION

☒ STATE(S) CO DISCIPLINE? ☐ YES ☒ NO DOC ID # _____

EXPERIENCE doesn't require license

☒ EMPLOYMENT VERIFICATION NUMBER OF YEARS 5y + SPECIALTIES _____ DOC ID NUMBER _____

NOTES mscHI - me (4/13 - 2/16) 2y10m
mscHI - (5/16 - 4/11) 1y1m
mscHI - (7/11 - 12/12) - 1y5m



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

HMQACB

INITIAL LICENSURE FEES:

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

- ☐ Initial Supervisor \$130.00 (1054) ☒ Upgrade Technologist - Supervisor \$130.00 (1043)
☐ Upgrade Technician - Supervisor \$130.00 (1045)

JUL 07 2016

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

1. NAME: Kuras Laura T
(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 ☐ NO

If YES, list provide: Buklad Laura T
(Last) (First) (Middle)

2. ADDRESS:
a. MAILING ADDRESS: 443 Seaworthy Rd North Fort Myers, FL 33903
(Street and Number) (Apt. #) (City) (State) (Zip)

b. PRIMARY LOCATION: " " " "
(Street and Number) (Apt. #) (City) (State) (Zip)

c. TELEPHONE: 941 391-1320 239 343-5779
Primary: Area Code/Phone Number Business: Area Code/Phone Number

d. EMAIL ADDRESS: LTK622@hotmail.com
(Email Notification: If you want to be 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@floridasclinicallabs.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.)
☐ YES ☐ NO

3. PERSONAL DATA:
a. Date of Birth: 6/22/61
(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 ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American ☐ Other
SEX: ☐ Male ☒ 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 ☐ 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)

*
Omitted
on on-line
app.

Mission:

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Rick Scott
Governor

Celeste Philip, 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 Technologist
Profession Number:	6601 - Clinical Laboratory Personnel
License Number:	18936
Application:	Upgrade from Technologist to Supervisor
Application Date:	06/25/2016

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, Immunohematology, Blood Banking (Donor Processing), AND/OR Cytogenetics]?	No
---	----

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

Title:	Mrs
First Name:	LAURA
Middle/Second Name:	THEOPHILIA
Last Name/Surname:	KURAS

Alternate Name(s):

Laura Theophilla Buklad

Lori Theophilla Hines

Lori Theophilla Cheatham

Birthdate:

06/22/1961

Gender:

Female

Race:

White

Social Security Number:

Addresses

Main Address

Address:

443 SEAWORTHY RD

LEE

NORTH FORT MYERS, FL

33903

US

Phone Number:

(941) 391-1320

Extension:

E-mail Address:

ltk622@hotmail.com

Home

Fax

Primary Location

Address:

9981 S HealthPark Dr

LEE

FORT MYERS, FL

33908

US

Phone Number:

243-343-5000

Extension:

Education History

School Name:

SARASOTA COUNTY VOC. TECHNICIAN
CENTER

Attended From (mm/dd/yyyy):

08/15/1981

Attended To (mm/dd/yyyy):

08/13/1982

Date of Graduation (mm/dd/yyyy):

08/13/1982

City:

Sarasota

State: FLORIDA
Country: UNITED STATES OF AMERICA

Education History 2

School Name: Edison State College
Attended From (mm/dd/yyyy): 08/25/1979
Attended To (mm/dd/yyyy): 12/01/2012
Date of Graduation (mm/dd/yyyy): 12/14/2012
City: Fort Myers
State: FLORIDA
Country: UNITED STATES OF AMERICA

Education History 3

School Name: Florida Gulf Coast University
Attended From (mm/dd/yyyy): 03/15/2013
Attended To (mm/dd/yyyy): 12/01/2014
Date of Graduation (mm/dd/yyyy): 12/12/2014
City: Fort Myers
State: FLORIDA
Country: UNITED STATES OF AMERICA

Education History 4

School Name: University of St Francis
Attended From (mm/dd/yyyy): 01/20/2015
Attended To (mm/dd/yyyy): 08/12/2016
Date of Graduation (mm/dd/yyyy): 07/31/2016
City: Joliet
State: ILLINOIS
Country: UNITED STATES OF AMERICA

Vocational / Training Program

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

Program Name: Sarasota Technical Center
City: Sarasota
State: FLORIDA
Attended From (mm/dd/yyyy): 08/01/1981
Attended To (mm/dd/yyyy): 08/01/1982
Completion Date (mm/dd/yyyy): 08/31/1982

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? **Yes**

License Number: **TN 18936**
Original Issue Date: **03/17/1982**
Date of Expiration: **08/31/2016**
State: **Florida**
Country: **UNITED STATES**

National Certification Examination

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

Name of National Certification Examination: **HEW**
Examination Date: **08/31/1997**

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?

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?

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 - Application

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.

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.

19. **APPLICANT SIGNATURE:**

I understand that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083 and 775.084, Florida Statutes.

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.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. 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.

Laura S. Kuras
APPLICANT'S SIGNATURE

HMQACB

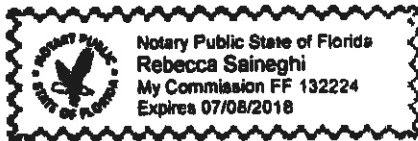
7-12-16
DATE

State of FLORIDA
County of LEE

JUL 18 2016

Sworn to and/or subscribed before me this 12 day of July, 2016

by LAURA KURAS whose identity is known to me by Laura Kuras



Rebecca Saineghi
Notary Signature

EXP. 07/08/2018

Rebecca Saineghi
Name of Notary Printed

Stamp Commissioned Name of Notary Public:

*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.

**Additional Information Required
Verification of Clinical Laboratory Experience**

Name: KURAS, LAURA THEOPHILIA
 Profession: 6601
 Transaction Code: 3047
 File Number: 13267

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

APPLICANT NAME: Kuras, Laura Theophilia
 (Last) (First) (Middle)

EMPLOYER NAME: VA Illiana

MAILING ADDRESS: 1900 E. Main St. Danville, IL 61832
 (Street and Number) (Apt. #) (City) (State) (Zip)

TELEPHONE: (217) 554-3000
 Business: Area Code/Phone Number

CLIA#: 14D0988264

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: 04/2013 To: 02/2016
 MM/YYYY MM/YYYY

Full Time: 40 Part Time _____
 (hrs per week) (hrs per week)

Please indicate an 'X' in each SPECIALTY Worked:

	SPECIALTY AREA WORKED	TESTS PERFORMED	DATES PERFORMED (MM/YYYY) to (MM/YYYY)
X	Microbiology	<i>see attached</i>	/ to /
X	Clinical Chemistry	<i>CAP activity</i>	/ to /
X	Serology/Immunology	<i>none</i>	/ to /
X	Hematology		/ to /
X	Immunohematology	<i>test none</i>	/ to /
	Cytogenetics	<i>was none</i>	/ to /
X	Molecular Pathology	<i>during her employment</i>	/ to /
	Histocompatibility		/ to /
	Histology		/ to /
	Cytology		/ to /

Andrology	/ to /	
Embryology	/ to /	

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

Print Name (Laboratory Supervisor/Personnel Director)

HEMATOLOGY/BLOOD BANK SUPERVISOR

ELLEN PERKINS

Signature (Laboratory Supervisor/Personnel Director)

Date

7-8-16

Please upload an electronic copy of this form by going to Application Status and selecting the Upload feature from the Quick Start Menu.

We will also accept the form by mail to the address below:

Florida Board of Clinical Laboratory Personnel
4052 Bald Cypress Way, Bin C-07
Tallahassee, FL 32399-3257

SU: ALL

CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State(Province): Danville, IL

Department /Section: Urinalysis

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
All Common	Common (CAP Office use)	4334			Y	
Urinalysis	hCG, urine, waived	2730	Y			
Urinalysis	Urinalysis dipstick, automated, non-waived	2753	Y			
Urinalysis	Urinalysis dipstick, automated, waived	2750	Y			
Urinalysis	Urinalysis dipstick, manual, waived	2756	Y			
Urinalysis	Urinalysis microscopic, automated (inc.crystal ID)	2893		Y		
Urinalysis	Urinalysis microscopic, manual (inc. crystal ID)	2894	Y			

For activities requiring alternative assessment, laboratories can use PT provided by the CAP or other providers.
NOTE: Activities noted as Scope of Service / Analytical Method do not require PT or alternative assessment.

SU: ALL

CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State(Province): Danville, IL

Department /Section: Immunology

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
All Common	Common (CAP Office use)	4334			Y	
Immunology	Anti-nuclear antibody, qual and/or quant	302	Y			
Immunology	Anti-nuclear antibody, titer/pattern	2271		Y		
Immunology	C-reactive protein, qual and/or quant	3294	Y			
Immunology	Giardia antigen, preserved specimen	969	Y			
Immunology	H. pylori antigen, stool, non-waived	2717	Y			
Immunology	H. pylori antigen, stool, waived	2716	Y			
Immunology	H. pylori detection, urease, non-waived	2727	Y			
Immunology	H. pylori detection, urease, waived	2726	Y			
Immunology	HAV antibody, IgM	3089	Y			
Immunology	HAV antibody, total	3090		Y		
Immunology	HBc antibody, IgM	3092	Y			
Immunology	HBs antibody, qualitative	3095	Y			
Immunology	HBsAg, neutralization	3356	Y			
Immunology	HBsAg, non-rapid immunoassay method	3099	Y			
Immunology	HCV antibody, non-rapid immunoassay method	3100	Y			
Immunology	HIV-1/2 antibody, non-rapid method	3102	Y			
Immunology	Immunoassay	1041			Y	

For activities requiring alternative assessment, laboratories can use PT provided by the CAP or other providers.
NOTE: Activities noted as Scope of Service / Analytical Method do not require PT or alternative assessment.

College of American Pathologists

LAMT_LAMS

SU: ALL

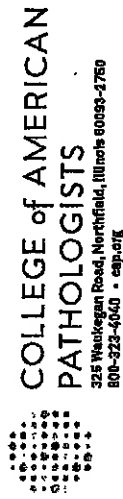
CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State(Province): Danville, IL

Department /Section: Immunology

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
Immunology	Immunofluorescence	318			Y	
Immunology	Infectious mononucleosis, non-waived	285	Y			
Immunology	Latex agglutination	319			Y	
Immunology	Legionella antigen, urine	973	Y			
Immunology	Mycoplasma pneumoniae antibody	752		Y		
Immunology	Rheumatoid factor, IgG, qual and/or quant	3299	Y			
Immunology	Rheumatoid factor, semi-quantitative/iter	2263		Y		
Immunology	RPR	1426	Y			
Immunology	Strep pneumoniae urinary antigen	5333	Y			
Immunology	Syphilis serology	1422			Y	

For activities requiring alternative assessment, laboratories can use PT provided by the CAP or other providers.

NOTE: Activities noted as Scope of Service / Analytical Method do not require PT or alternative assessment.



Laboratory Accreditation Program
Laboratory Activity Menu

SU: ALL

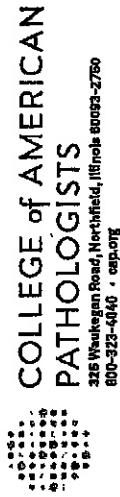
Page 14 of 18
03/30/2016 10:08 AM

CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State(Province): Danville, IL

Department /Section: Microbiology

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
All Common	Common (CAP Office use)	4334			Y	
Bacteriology	Antimicrobial susceptibility, aerobes	343	Y			
Bacteriology	Antimicrobial susceptibility, urine	345	Y			
Bacteriology	Bacterial identification, complete/partial, other	350	Y			
Bacteriology	Bacterial identification/isolation, anaerobic	4091	Y			
Bacteriology	Bacterial identification/presumptive ID gonococcus	349	Y			
Bacteriology	Bacterial identification/presumptive ID, throat	351	Y			
Bacteriology	Bacterial identification/presumptive ID, urine	352	Y			
Bacteriology	Blood cultures	4092	Y			
Bacteriology	C. difficile detection (non-molecular)	329	Y			
Bacteriology	Campylobacter antigen	3305		Y		
Bacteriology	Fecal leukocytes, stain other than giemsa	2856		Y		
Bacteriology	Gram stain, other	333	Y			
Bacteriology	Occult blood, fecal, non-waived	2641		Y		
Bacteriology	Occult blood, gastric, non-waived	2654		Y		
Bacteriology	Plating cultures only (set-up)	1018			Y	
Bacteriology	Shiga-like toxin, stool	2327		Y		

For activities requiring alternative assessment, laboratories can use PT provided by the CAP or other providers.
NOTE: Activities noted as Scope of Service / Analytical Method do not require PT or alternative assessment.



**Laboratory Accreditation Program
Laboratory Activity Menu**

SU: ALL

CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State/Province: Danville, IL

Department /Section: Microbiology

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
Bacteriology	Sperm, presence or absence (post vasectomy)	2254		Y		
Bacteriology	Strep A rapid antigen, non-waived	2799	Y			
Bacteriology	Vaginal wet mount	741	Y			
Bacteriology	Wet mount for yeast	1292		Y		
Molecular Microbiology	Bacterial ID, gastrointestinal panel (FDA-app)	5570		Y		
Molecular Microbiology	C. difficile, nucleic acid amplification (FDA-app)	3453		Y		
Molecular Microbiology	Candida spp., DNA probe (FDA-approved)	2247	Y			
Molecular Microbiology	Chlamydia trachomatis, NAA (FDA-approved)	2237	Y			
Molecular Microbiology	Gardnerella vaginalis, DNA probe (FDA-approved)	2238	Y			
Molecular Microbiology	Influenza, nucleic acid amplification (FDA-app)	3224		Y		
Molecular Microbiology	MRSA/SA, nucleic acid amplif. (FDA-approved)	2249	Y			
Molecular Microbiology	N. gonorrhoeae, nucleic acid amp (FDA-approved)	2240	Y			
Molecular Microbiology	Trichomonas, DNA probe (FDA-approved)	2248	Y			
Mycology	KOH prep (e.g., skin, hair, nail, vaginal)	340	Y			
Mycology	Yeast Identification	360	Y			
Parasitology	Cryptosporidium antigen, preserved specimen	342	Y			
Parasitology	Giardia antigen, preserved specimen	341	Y			

For activities requiring alternative assessment, laboratories can use PT provided by the CAP or other providers.
NOTE: Activities noted as Scope of Service / Analytical Method do not require PT or alternative assessment.

SU: ALL

CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State(Province): Danville, IL

Department /Section: Hematology

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
All Common	Common (CAP Office use)	4334			Y	
Body Fluid Analysis	Body fluid cell count, manual	2094	Y			
Body Fluid Analysis	Body fluid differential/cell identification	2095		Y		
Body Fluid Analysis	Crystal identification or pres/abs, body fluid	3291		Y		
Coagulation	D-dimer, quantitative	2273	Y			
Coagulation	Fibrinogen	1302	Y			
Coagulation	PT, plasma	1303	Y			
Coagulation	PTT, plasma	1305	Y			
Hematology	ESR, automated, non-waived	2699		Y		
Hematology	ESR, manual, waived	2696		Y		
Hematology	Hematocrit, non-waived	2722	Y			
Hematology	Hematocrit, waived	2721	Y			
Hematology	Hemoglobin, non-waived	197	Y			
Hematology	Platelet count, automated	198	Y			
Hematology	RBC indices (e.g. MCV, RDW)	219		Y		
Hematology	Reticulocyte count, automated	2895	Y			
Hematology	WBC count, automated	203	Y			
Hematology	WBC count, manual	204	Y			

For activities requiring alternative assessment, laboratories can use PT provided by the CAP or other providers.
NOTE: Activities noted as Scope of Service / Analytical Method do not require PT or alternative assessment.

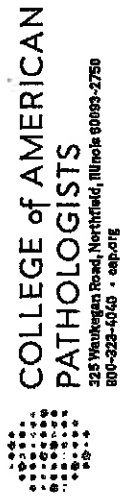
SU: ALI

CAP Number: 1903501
 Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
 City/State(Province): Danville, IL

Department /Section: Hematology

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
Hematology	WBC differential, automated	2898	Y			
Hematology	WBC differential, manual	2897	Y			

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Laboratory Accreditation Program
Laboratory Activity Menu

Page 8 of 18
03/30/2016 10:08 AM

SU: ALL

CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State(Province): Danville, IL

Department /Section: Chemistry/Special Chem/Toxicology

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
Special Chemistry	TSH, serum	1669	Y			
Special Chemistry	Valproic acid	1673	Y			
Special Chemistry	Vancomycin, serum	1675	Y			
Special Chemistry	Vitamin B12	1772	Y			
Special Chemistry	Vitamin D	1926		Y		
Toxicology	Alcohol/volatiles, serum, medical	1896	Y			
Toxicology	Enzyme immunoassay	1827			Y	
Toxicology	Medical Testing	1821			Y	
Toxicology	Urine toxicology, qual, automated immunoassay	1800	Y			

For activities requiring alternative assessment, laboratories can use PT provided by the CAP or other providers.

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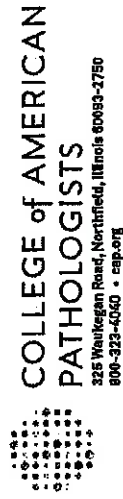
CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State(Province): Danville, IL

Department /Section: Chemistry/Special Chem/Toxicology

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
Special Chemistry	HBsAg, non-rapid immunoassay method	1758	Y			
Special Chemistry	hCG, quantitative, serum	4272	Y			
Special Chemistry	HCV antibody, non-rapid immunoassay method	1686	Y			
Special Chemistry	Hemoglobin A1C, non-waived	2702	Y			
Special Chemistry	HIV-1/2 antibody, non-rapid method	1688	Y			
Special Chemistry	Luteinizing hormone (LH)	1650	Y			
Special Chemistry	Parathyroid hormone (PTH), intact, serum/plasma	1969	Y			
Special Chemistry	Phenytoin	1652	Y			
Special Chemistry	Procalcitonin	3232	Y			
Special Chemistry	Prolactin	1657	Y			
Special Chemistry	Prostate specific antigen (PSA)	1659	Y			
Special Chemistry	Salicylate	1662	Y			
Special Chemistry	T3, total	1663	Y			
Special Chemistry	T4, free	1666	Y			
Special Chemistry	Testosterone, total, serum/plasma	1694	Y			
Special Chemistry	Theophylline	1668	Y			
Special Chemistry	Therapeutic drug monitoring	1798			Y	

For activities requiring alternative assessment, laboratories can use PT provided by the CAP or other providers.

NOTE: Activities noted as Scope of Service / Analytical Method do not require PT or alternative assessment.



325 Westlawn Road, Northfield, Illinois 60063-2750
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Laboratory Accreditation Program Laboratory Activity Menu

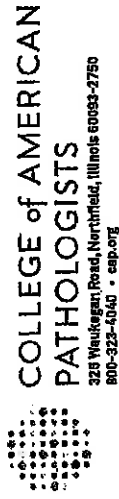
SU: ALL

CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State(Province): Danville, IL

Department /Section: Chemistry/Special Chem/Toxicology

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
Chemistry	Uric acid, urine	1558	Y			
Special Chemistry	Acetaminophen	1634	Y			
Special Chemistry	Amikacin, serum	1635	Y			
Special Chemistry	BNP, non-waived	2806	Y			
Special Chemistry	Carbamazepine	1637	Y			
Special Chemistry	CEA	1676	Y			
Special Chemistry	CK-MB, serum/plasma	1876	Y			
Special Chemistry	Cortisol, serum/plasma	1741	Y			
Special Chemistry	Digoxin	1641	Y			
Special Chemistry	Ferritin, serum/plasma	1749	Y			
Special Chemistry	Folate, serum	1751	Y			
Special Chemistry	Follicle stimulating hormone (FSH)	1752	Y			
Special Chemistry	Gentamicin, serum	1643	Y			
Special Chemistry	HAV antibody, IgM	1680	Y			
Special Chemistry	HAV antibody, total	1681		Y		
Special Chemistry	HBc antibody, IgM	1682	Y			
Special Chemistry	HBs antibody, qualitative	1685	Y			
Special Chemistry	HBsAg, neutralization	3355	Y			

For activities requiring alternative assessment, laboratories can use PT provided by the CAP or other providers.
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PATHOLOGISTS
323 Weiskopf Road, Northfield, Illinois 60093-2750
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Laboratory Accreditation Program
Laboratory Activity Menu

SU: ALL

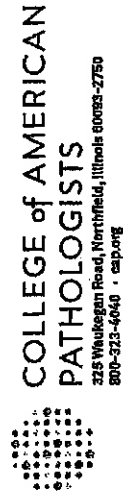
Page 5 of 18
03/30/2016 10:08 AM

CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State(Province): Danville, IL

Department /Section: Chemistry/Special Chem/Toxicology

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
Chemistry	Osmolality, serum/plasma/whole blood, measured	1540	Y			
Chemistry	Osmolality, urine	1541	Y			
Chemistry	Phosphorus, serum/plasma	1544	Y			
Chemistry	Potassium, serum/plasma	1546	Y			
Chemistry	Potassium, urine	1547	Y			
Chemistry	Protein, body fluid	1863		Y		
Chemistry	Protein, total, quantitative, urine	1550	Y			
Chemistry	Protein, total, serum	1548	Y			
Chemistry	Sodium, serum/plasma	1551	Y			
Chemistry	Sodium, urine	1552	Y			
Chemistry	TIBC, measured	1597	Y			
Chemistry	Triglycerides, body fluid	1865		Y		
Chemistry	Triglycerides, serum/plasma	1554	Y			
Chemistry	Troponin I	1555	Y			
Chemistry	Urea, body fluid	1866		Y		
Chemistry	Urea, serum/plasma	1835	Y			
Chemistry	Uric acid, serum	1559	Y			

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NOTE: Activities noted as Scope of Service / Analytical Method do not require PT or alternative assessment.



**Laboratory Accreditation Program
Laboratory Activity Menu**

SU: ALL

Page 4 of 18
03/30/2016 10:08 AM

CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State(Province): Danville, IL

Department /Section: Chemistry/Special Chem/Toxicology

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
Chemistry	Creatine kinase (CK), serum/plasma	1516	Y			
Chemistry	Creatinine, serum/plasma	1517	Y			
Chemistry	Creatinine, urine, quantitative	1518	Y			
Chemistry	GGT, serum/plasma	1565	Y			
Chemistry	Glucose, body fluid	1520		Y		
Chemistry	Glucose, CSF	1521	Y			
Chemistry	Glucose, serum/plasma	1522	Y			
Chemistry	HDL cholesterol, serum/plasma	1524	Y			
Chemistry	Iron, serum	1527	Y			
Chemistry	Lactate, plasma	1532	Y			
Chemistry	LD, body fluid	1857		Y		
Chemistry	LD, serum	1530	Y			
Chemistry	LDL cholesterol, serum/plasma, measured	1567	Y			
Chemistry	Lipase, serum	1534	Y			
Chemistry	Lithium, serum/plasma	1605	Y			
Chemistry	Magnesium, serum/plasma	1535	Y			
Chemistry	Microalbumin (urine albumin), quantitative	1503	Y			
Chemistry	Myoglobin, serum/plasma	1590	Y			

For activities requiring alternative assessment, laboratories can use PT provided by the CAP or other providers.
NOTE: Activities noted as Scope of Service / Analytical Method do not require PT or alternative assessment.

College of American Pathologists

LAMT_LAMS

SU: ALL

CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State(Province): Danville, IL

Department /Section: Blood Bank

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
All Common	Common (CAP Office use)	4334			Y	
Immunohematology	ABO blood grouping	2946	Y			
Immunohematology	Antibody screen	2947	Y			
Immunohematology	Automated blood banking test system	2912			Y	
Immunohematology	Compatibility testing	2932	Y			
Immunohematology	Direct antiglobulin test (DAT), non-automated	2952	Y			
Immunohematology	Gel techniques	2916			Y	
Immunohematology	Rh type (includes weak D)	2955	Y			
Transfusion Services	Blood/component issuance for transfusion	2925			Y	
Transfusion Services	Blood/component processing (pool, thaw, aliquot)	2819			Y	
Transfusion Services	Blood/component storage	2926			Y	
Transfusion Services	Transfusion reaction evaluation	2928			Y	

For activities requiring alternative assessment, laboratories can use PT provided by the CAP or other providers.
NOTE: Activities noted as Scope of Service / Analytical Method do not require PT or alternative assessment.



**COLLEGE of AMERICAN
PATHOLOGISTS**

225 Waukegan Road, Northfield, Illinois 60093-2750
800-323-4646 • csp.org

**Laboratory Accreditation Program
Laboratory Activity Menu**

Page 3 of 18
03/30/2016 10:08 AM

SU: ALL

CAP Number: 1903501
Laboratory: Veteran's Affairs Illiana Healthcare System Clinical
City/State(Province): Danville, IL

Department /Section: Chemistry/Special Chem/Toxicology

Subdiscipline	Test/Activity	Test / Activity ID	PT Required	Alternative Assessment Required	Scope of Service/Analytic Method	2016 Missing PT Enrollment
All Common	Common (CAP Office use)	4334			Y	
Chemistry	Acetone	1499		Y		
Chemistry	Albumin, body fluid	1845		Y		
Chemistry	Albumin, serum/plasma	1502	Y			
Chemistry	Alkaline phosphatase, serum/plasma	1504	Y			
Chemistry	ALT, serum/plasma	1501	Y			
Chemistry	Ammonia	1505		Y		
Chemistry	Amylase, body fluid	1594		Y		
Chemistry	Amylase, serum/plasma	1506	Y			
Chemistry	AST, serum/plasma	1600	Y			
Chemistry	Bilirubin, direct, serum/plasma	1508	Y			
Chemistry	Bilirubin, total, serum/plasma	1509	Y			
Chemistry	Calcium, serum/plasma	1510	Y			
Chemistry	Calcium, urine	1511	Y			
Chemistry	Chloride, serum/plasma	1561	Y			
Chemistry	Cholesterol, body fluid	1852		Y		
Chemistry	Cholesterol, serum/plasma	1514	Y			
Chemistry	CO2, serum/plasma	1515	Y			

For activities requiring alternative assessment, laboratories can use PT provided by the CAP or other providers.
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College of American Pathologists

LAMT_LAMS

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

K

APPLICANT: Complete only the upper portion of this form. Do not fill out employer section. 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.

I LAURA T. KURAS authorize you to verify my employment to the Board of Clinical Laboratory Personnel.
 Employer: Pioneer Medical Center CL# _____
 Address: 345 Cleveland St
 City: Meeker State: CO Zip: 81641 Phone: (970) 838-9239

HMQACB
FEB 22 2011

EMPLOYER SECTION: (Please complete the information below)

"X" SPECIALTY WORKED (You may use a separate sheet)

Dates of employment: Month/Year: MAY/2010 to Month/Year: FEB/2011 Full Time: ☒ Part Time: _____

- ☒ Microbiology gram stains
 (Test performed)
- ☒ Serology/Immunology CRP, H PYLORI, MONO, HCG, FLU A+B, RSV
 (Test performed)
- ☒ Clinical Chemistry CMP, LFT, LIPID, CARDIACS, MAGNESIUM, PHOSPHORUS, URIC ACID
LIPASE, AMYLASE, DIGOXIN, PHENYTOIN, BNP, BLOOD GASES
 (Test performed)
- ☒ Hematology CBC, PLATELET, DIFFERENTIALS, D-DIMER
 (Test performed)
- ☒ Immunohematology/Blood Banking
 (Donor Processing) GEL TYPING & SCREEN & CROSSMATCH DONOR ABD-RH
 (Test performed)
- ☐ Cytogenetics _____
 (Test performed)
- ☐ Molecular Pathology _____
 (Test performed)
- ☐ Histocompatibility _____
 (Test performed)
- ☐ Histology _____
 (Test performed)
- ☐ Cytology _____
 (Test performed)
- ☐ Andrology _____
 (Test performed)
- ☐ Embryology _____
 (Test performed)

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

Joyce Goff
 (Print Name)
Joyce Goff, MT (ASCP) Manager
 (Signature of Laboratory Director/Personnel Director)

2-16-11
 (Date)

15
13

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

VERIFICATION OF EMPLOYMENT

APPLICANT: Complete only the upper portion of this form. Do not fill out employer section. 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.

I Laura T. Kuras, authorize you to verify my employment to the Board of Clinical Laboratory Personnel.
 Employer: Specialists in Healthcare CL# _____
 Address: 5030 Mason Carbon Ct
 City: Fl Myers State: FL Zip: 32907 Phone: (904) 278-0330

EMPLOYER SECTION: (Please complete the information below)

"X" SPECIALTY WORKED (You may use a separate sheet)

Dates of employment: Month/Year: 7/2011 to Month/Year: current Full Time: ✓ Part Time: _____

☒ Microbiology

SPECIMEN PREPARATION
 (Test performed)

☒ Serology/Immunology

Folate/B12, testosterone H-pylori HEMOCULT
 (Test performed)
HEPATIC FUNCTION BASIC METABOLIC PANEL - Glucose, electrolytes
LIPIDS, RENAL FUNCTION, CARDIAC ENZYMES THYROID
 (Test performed) MICROALBUMIN URICACID nitrogen

☒ Clinical Chemistry

☒ Hematology

COMPLETE BLOOD COUNT SEDIMENTATION RATE D-DIMER
 (Test performed)

☐ Immunohematology/Blood Banking
 (Donor Processing)

 (Test performed)

☐ Cytogenetics

 (Test performed)

☐ Molecular Pathology

 (Test performed)

☐ Histocompatibility

 (Test performed)

☐ Histology

 (Test performed)

☐ Cytology

 (Test performed)

☐ Andrology

 (Test performed)

☐ Embryology

 (Test performed)

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

BEVERLY J. MIKOLAK
 (Print Name)

Beverly J. Mikolak
 (Signature of Laboratory Director/Personnel Director)

12-13-12
 (Date)

44

Anderson Continuing Education

certifies completion of

Advances on the AIDS Horizon 2009

Two contact hours

Laura T. Kuras

Name

TC 18936

State License Number

Completed on 6 / 22 / 10 for 2 contact hours.

Anderson Continuing Education is an approved accrediting agency with the
California Department of Health Services,
Accrediting Agency Registration #0120, Course #325.

Anderson Continuing Education is approved as a provider of continuing education
by the **Florida Board of Clinical Laboratory Personnel, Provider #50-2211.**
This course meets the Florida one-hour HIV/AIDS requirement.

Anderson Continuing Education is approved as a Provider of continuing education
programs in the clinical laboratory sciences by the Clinical Laboratory Personnel
Committee to the **Louisiana State Board of Medical Examiners,**
providershship number CLPC00030.

Robert D. Anderson

Anderson Continuing Education
P.O. Box 276297 • Sacramento, CA 95827-6297
1 800 532-2332 • www.andersonCE.com

Florida personnel: Please safeguard this original certificate for four years. If, at a later date, the Board requests your certificate, send the original and keep a copy for your records.

CE for Health Care Professionals

P.O. Box 10672

Phone Toll-free 866-681-6777

www.cenopro.com

Tallahassee, Florida 32302

Certifies that:

Laura Kuras

(License: TN 18936)

has successfully completed the following continuing education home study course:
Prevention of Medical Errors for Florida Clinical Laboratory Personnel (2 hour(s))
Approved FL CE Provider No. 50-312, Approved Provider Board Clin. Lab. Personnel
Florida CE Broker Course Tracking #: 20-73365
Approved CE Provider No. 50-312

07/23/2016

Sandra E. Allen

Date

Sandra E. Allen, President CE for Health Care Professionals

The Florida Board of Clinical Laboratory Personnel rule requires you to keep a copy of this
Certificate in your records for 4 years.
Do not send the Certificate to the Board unless the Board requests a copy.

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

Calvin Philip, MD, MPH
Interim State Surgeon General

MEMORANDUM

TO: Linda Valdes, CE Committee Chair
Florida Board of Clinical Laboratory Personnel

FROM: Keri Kilgore, Regulatory Specialist II
Continuing Education 

DATE: July 13, 2016

RE: Transcript Review for Continuing Education Credit
Laura Theophilla Kuras TN 18936- Applying to upgrade to a Supervisor

Please review the attached transcript and course documentation and advise me of your decision if hours can be approved for Supervision/Administration for Ms. Laura Kuras's licensure application.

If you have any questions, please contact me at (850) 245-4355 ext. 3619 or via e-mail at keri.kilgore@flhealth.gov.

APPROVED 

DENIED

SIGNATURE 

DATE

7/13/16

COMMENTS:

$4 \times 4 = 16$

$16 \times 15 = 240 \text{ CE}$



Kilgore, Keri

From: Kilgore, Keri
Sent: Wednesday, July 13, 2016 12:20 PM
To: 'Valdes, Linda'
Subject: Transcript Review- Upgrading to Supervisor
Attachments: Transcript Review- TN18936.pdf

Ms. Valdes,

Please see attached a review for courses completed to be approved for Supervision/Administration hours for this licensee upgrading to a Supervisor.

Thank-you

Sincerely,

Keri Kilgore, Regulatory Specialist II

Department of Health / Division of Medical Quality Assurance / Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257
Phone 850/245-4355, ext.3619
Department's website – www.floridahealth.gov

How am I communicating? Please contact my supervisor: Gail.curry@flhealth.gov

There have been changes to the license renewal process. Please visit www.flhealthsource.gov to learn more.



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

Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

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
Interim State Surgeon General

Vision: To be the Healthiest State in the Nation

MEMORANDUM

TO: Linda Valdes, CE Committee Chair
Florida Board of Clinical Laboratory Personnel

FROM: Keri Kilgore, Regulatory Specialist II
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If you have any questions, please contact me at (850) 245-4355 ext. 3619 or via e-mail at keri.kilgore@flhealth.gov.

APPROVED _____

DENIED _____

SIGNATURE _____ DATE _____

COMMENTS: _____

Florida Department of Health

MQA/Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin C-07 • Tallahassee, FL 32399-1701
Express mail address: 4042 Bald Cypress Way – Suite 305
PHONE: 850/245-4355 • FAX 850/922-8876



Accredited Health Department
Public Health Accreditation Board

Rogers, Ashley

From: Laura Kuras <ltk622@hotmail.com>
Sent: Friday, July 08, 2016 9:28 PM
To: zzzz Feedback, MQA_ClinicalLab
Subject: Application #199733 File #13267 CE Hours
Attachments: FI State 25 CE Supervision Administration.pdf

Attached are Graduate courses that I would like to use for the 25 CE Credits Supervision/Administration for my Upgrade from Technologist to Supervisor application. Application #199733, file #13267.

My transcripts from the University of St. Francis where I took these courses are already on file at the Board of Clinical Laboratory Personnel. Attached you will find course descriptions and a syllabus for each course per instruction.

Please let me know if you need any further information regarding these courses.

Thanking you in advance for your time in reviewing my submitted classes.

Laura T. Kuras
443 Seaworthy Rd
North Fort Myers, FL 33903
941-391-1320
LTK622@hotmail.com

HSAD 650 - Hlth Care Ethics & Decision Mking

Explores ethical issues for the health care professional with three major components: personal ethical decision making, bioethics, and ethics in health care management. The course will cover some basic ethical theories/perspectives and focus on their application to various current issues in the health care context.

4.000 Credit hours

4.000 Lecture hours

Levels: Graduate

Schedule Types: Blended, Lecture, OnLine

Health Services Admin-MS Department



UNIVERSITY OF ST. FRANCIS

University of St. Francis College of Business and Health Administration Course Syllabus

COURSE NUMBER: HSAD 603 Z

COURSE TITLE: Management and Human Resources of Health Care Organizations

INSTRUCTOR: Dr. Michael Stowe

CLASS LOCATION: USF-ON LINE

SEMESTER: Summer 2015 Session 1

CLASS DATES: 5/18/2015 - 7/10/2015

CREDIT HOURS: 4

TELEPHONE: 815.290.9880 Mobile (Text to this number too)
815.740.3606 Office

E-MAIL ADDRESSES (IN ADDITION TO Canvas e-mail): mstowe@stfrancis.edu

If you have any questions or concerns throughout the course, please feel free to contact me via e-mail or by phone (see contact information listed above). The best number to reach me is my cell number. If possible, please call me between 5:00 – 10:00PM (central time) Monday through Friday, or any time on the weekends. If you happen to get voice mail, please leave a message and I'll return your call as soon as possible.

Description

This course examines management and behavioral theories as they apply to the management of health services organizations and major issues in human resource management.

Course Objectives

Upon completion of this course, students should have the ability to understand:

1. The culture and structure of organizations.
2. The functions of management. *Wk 1, Chap 1*
3. Classical and contemporary theories of management. *Wk 1, Chap 2*
4. The importance of employee attitudes, perception, and motivation.
5. The impact of individual and group behavior on an organization.
6. Leadership styles
7. Management and human resource.
8. The skills to effectively manage human resources.
9. Effective employee relations and methods of managing conflict.
10. Effective human resource management systems.
11. Social responsibility and business ethics.

Course Requirements**Participation & Discussions (240 points)**

Due to the nature of the course your active participation in class discussion is required. To increase the value of class discussion, all students should be familiar with the required readings for each module. Ideally students should log on daily to follow the ongoing discussions. Students are expected to make **significant** contributions to the discussion throughout the Module. The contribution to the discussion must be made during the week that we are covering that module to earn credit. As the instructor I will start a discussion for each module. While I look for quality of your discussion posts, I will also be looking for your active participation in the discussion throughout the week!

****Do not post ahead in the weekly discussion areas. The new module will begin on Monday; your initial posts to the discussion question should be done by Wednesday each week. You will have until Sunday to participate in the discussion. The modules will be not be locked after Sunday, but any posts after Sunday will not count towards participation. If for some reason, you need to post early, email me in advance and we can discuss it. I realize that many of us have to attend conferences and such which may limit internet access. Again, just keep the lines of communication open and again, do not post ahead without prior permission from me.**

Supplemental Reading

Student are expected to be familiar with the health services administration literature and are encouraged to read more than the minimum required in the course. Supplemental readings may assist you in exploring topics of interest beyond the basics of the required readings. If you identify additional readings that may be of interest to your fellow students, please share them.

Current Events Report (250 points)

The student should report on 5 current events from a newspaper, magazine or professional journal during the semester. The content should be relevant to management or management in a health care environment. This will be in the form of a brief summary of your findings posted into the Current Events Discussion area.

Please give us an APA reference of the article, in case others want to obtain a copy of the article. While online articles are preferred, they are not mandatory. To receive full credit, you must submit the article in the assignments area as well as post your assignment in the appropriate discussion area so other students can read your assignment. Due date will be listed on the calendar within Canvas by 11:59pm. Any received after the due date and time will receive 0 points unless approved by me in **ADVANCE** of the due date.

Exam (100 points)

There will be a final exam worth 50 points. I will give you 50 multiple choice questions worth 2 points each. Those who keep up on the **READING** and weekly postings and are able to identify the objectives listed at the beginning of each chapter will do well on the Final Exam. My goal is not to "trick" anyone or make the final exam a nightmare for anyone. I just want to be able to determine your mastery of the subject. Your Final Exam will be due as listed on the calendar within Canvas by 11:59pm on. Any Final Exams received after the due date and time will result in a score of 0 points.

Integrative Journal (150 points)

For each module, students will write a 1-2 page integrative report in their journal (MS Word Document). This report will briefly address:

1. New knowledge gained from the readings and discussion.
2. What this new knowledge means to you in your job or career
3. What this new knowledge means to you personally

The integrative journal will be submitted electronically within Canvas **all at once at the end of the semester**. The document must be received in Canvas no later than the last day of Week 7 @ 11:59 P.M. Given this due date, the Journal will cover all chapters that we have covered during the semester. I strongly suggest that you keep your journal updated weekly, so you do not have to rush at the last minute to submit it. Students in the past have had bad luck when not keeping their journals up weekly. For clarification: The journal will be submitted all at once at the end of the semester. Any Journals received after the due date and time will receive a score of 0 points.

The format of the journal is for you to determine. This will be the only assignment that APA format is **NOT**, repeat **NOT** required. The format is something you can determine to make it useful for you. I will be reviewing for the detail of reflection and application. Make it work for you in addressing the three statements above.

Grading

There is a maximum of 740 points that can be earned in the course. Letter grades will be determined using the following scale:

92%-100% of the maximum of 740	A
82%-91% of the maximum of 740	B
72%-81% of the maximum of 740	C
<71% of the maximum of 740	F

***Note about grades: Each assignment has a submission date as well as time (US Central time). All assignments will be expected to be received prior to the listed due date and time or will receive a score of 0 points. If you feel that you cannot meet a deadline, please discuss with me well in advance to make other arrangements. I am very fair and realize that life circumstances sometimes present themselves. Basically, an email before an assignment is due will get you much further than an email after the assignment is due.

In addition, I realize that this is spring semester and a lot of us have family or work activities. Just communicate with me if you need to make alternate arrangements to submit an assignment.

Resources for writing and APA:

You may access the writing center at the University of St. Francis by calling 815-740-5060.

Or you may use the online service called SMARTHINKING. To access this service you must create an account by going to <http://www.smarthinking.com/> and enter the username: **stfrancis0405** and the password: **access tutors**.

You can connect with an e-structor and online tutor when you have a question; you may submit your writing or question and receive feedback within **24 hours** in most cases.



COLLEGE OF BUSINESS
& HEALTH ADMINISTRATION

Course Syllabus

COURSE NUMBER: HSAD 610 Z
COURSE TITLE: Health Economics and Policy
INSTRUCTOR: Dr. Michael Stowe
CLASS LOCATION: USE-ON LINE
SEMESTER: Fall 2015 Session 1
CLASS DATES: 08/24/2015-10/16/2015
CREDIT HOURS: 4
TELEPHONE 815-290-9880 MOBILE (Texting to this number too just be sure to include your name)
815.740.3606-OFFICE

E-MAIL ADDRESSES (IN ADDITION TO Canvas e-mail): mstowe@stfrancis.edu

COURSE DESCRIPTION:

This course examines health care from an economic perspective. In addition to understanding the allocation of resources within the health care industry, special attention will be given to managed care systems and their role in the financing and delivery of health services.

COURSE OBJECTIVES:

THE OBJECTIVES OF THE COURSE ARE AS FOLLOWS:

1. An understanding of the health production function and its impact on the allocation of resources and policy formulation and implementation.
2. An understanding of the market aspects of a health care organization
3. An understanding of the various types of managed care organizations currently in existence.
4. An understanding of the economic incentives that drive the managed care business
5. An understanding of the various methods of regulation in the health care industry

6. An understanding of the importance of contracting and negotiation in the delivery and financing of health services
7. An understanding of the economic laws of supply and demand and their relation to the delivery of health services

REQUIRED TEXTS:

Getzen, T. E. (2013). Health economics and financing (5th ed.). New York: John Wiley and Sons, Inc.

Kongstvedt, P. R. (2016). Health Insurance and Managed care (4th ed.). Sudbury, Massachusetts: Jones & Bartlett. ISBN 978-1-284-04325-9

ASSIGNMENTS AND GRADING:

The syllabus includes a list of required readings for each class. Two textbooks are required for this course. Assignments involving the textbook chapters will be given. Because much of the content developed for the economics course focuses on current events, a separate discussion of this topic will be presented. There is also three opportunities to provide critical reviews of current areas of economic research. The class will also be divided into teams with each team giving a presentation on the health system of a particular country, along with a comparison with the United States system. Grades will be determined as follows:

CHECKPOINT EXAM
TEAM PRESENTATION
CRITICAL REVIEW PAPERS
PARTICIPATION

CHECKPOINT EXAM	points
TEAM PRESENTATION	points
CRITICAL REVIEW PAPERS (3x50 points each)	points
PARTICIPATION	points
Total	points

Percentage grades
 , of the maximum of
 of the maximum of
 of the maximum of
 of the maximum of

As an on-line class, group discussions are a vital part of the coursework. Relevant participation is required each week throughout the course. Course work will include

HSAD- 637-Z

Health Care Law

Online Course

University of St. Francis

College of Business and Health Administration

Course Dates:

Thursday January 14-March 10, 2016

Instructor:

Nancy K. McKenna MS JD

Attorney at Law

Faculty at University of St. Francis

500 Wilcox Street

Joliet, Illinois 60435

Phone:

773-655-7411

Email: use Canvas within the course; use nmckenna@stfrancis.edu as an emergency backup.

Course Description:

This course takes the participants through various laws that affect the healthcare industry. The course participants will examine how case law, statutory law, and administrative law apply to and impact the delivery of healthcare.

Course Objectives or Outcomes:

At the completion of the course participants will be able to:

- Identify the historical development and current legal structure of the American Legal System.
- Identify and understand the basic types and elements of contracts
- Recognize and understand the basic types and elements of intentional torts and negligence as well as their application in healthcare delivery
- Recognize the various organizational and management components in a corporate healthcare organization, as well as their corresponding liabilities.
- Recognize, understand, and apply the basic laws and regulations surrounding Medical Staff appointments.
- Develop a basic understanding and application of the relevant case, administrative, and statutory laws which impact healthcare delivery. Such as EMTALA, HIPAA, Stark, and Anti-kickback laws.
- To recognize and understand both the Federal Income Tax laws and the State Property Tax issues facing Healthcare organizations.

Required Textbook:

The Law of Healthcare Administration, Seventh Edition, by J. Stuart Showalter
Health Administration Press- A Division of the Foundation of the American
College of Healthcare Executives, Chicago Illinois

Course Requirements:

This is a remote, online learning course. Specific deadlines, which includes discussion posting deadlines are provided and must be met.

You must complete all assigned learning activities and maintain an active presence in all

class discussion threads

As student participants you are expected to log in the course a minimum of 2 days per week to read and participate in the discussion threads and class activities. It is anticipated approximately 4 hours per week will be spent in such interaction.

Assigned textbook readings, course power-points, and any additional Readings assigned by the Instructor.

2. Weekly participation in discussion threads.

3. One Written Assignment-

All assignments must be typed using Microsoft Word.

4. A Final exam.

Grading:

Participation in weekly discussions: points (points for each week's discussion posts)

Written assignments:

Final Exam - multiple choice and true false questions: points

Class Discussion will be graded on meaningful responses to the instructor and other students through application of course material.

The Written Assignment will be graded on the accuracy of your response to questions submitted. Your response should include an analysis and reasoning in relationship to your opinion incorporating cited references.

Grade Scale for course:

Course Structure:

- First, review, print and save the course syllabus. Second, introduce yourself in the **Introductions Discussion** section of Canvas..
- Each week you will be responsible for reading the assigned readings, and the corresponding course power points, and participating in discussions, except for the weeks where there is a written paper assignment, and a final.
- All of the discussion activities for each week can be found by clicking on the week's module, found on the Course Content home page. Each week begins on Wednesday and ends on the following Tuesday at 6:00pm. Discussion post deadlines are set forth below in the syllabus.

Course Structure:

- First, review, print and save the course syllabus. Second, introduce yourself in the **Introductions Discussion** section of Canvas..
- Each week you will be responsible for reading the assigned readings, and the corresponding course power points, and participating in discussions, except for the weeks where there is a written paper assignment, and a final.
- All of the discussion activities for each week can be found by clicking on the week's module, found on the Course Content home page. Each week begins on Wednesday and ends on the following Tuesday at 6:00pm.



College of Business and Health Administration
School of Health Administration

Course Syllabus

Course Title: Health Care Ethics (HSAD 650-Z2)
Co/Pre-requisites None
Semester: Spring 2016
/Class Dates: 3/21 – 5/13/2016
Credit Hours: 4
Class Location: USF-Online

Professor Information Deborah Mullen, Ph.D.
Telephone: 952-993-2070 (Office)
952-212-9053 (Cell)
E-Mail: deborah.mullen@parknicollet.com
dmullen@stfrancis.edu
Office Hours: by appointment

Required Text

Filerman, G. L., Mills, A. E., and Schyve, P. M. (2014). Managerial ethics in healthcare: A new perspective. Chicago: Health Administration Press.

COURSE DESCRIPTION

This course will explore ethical issues for the health care professional, with three major components: personal ethical decision-making, bioethics, and ethics in health care management. The course will review some basic ethical theories/perspectives, and focus on their application to various current issues in the health care context. Case studies and extensive class discussions will highlight the course.

COURSE OBJECTIVES

1. Demonstrate an understanding of basic ethical theories and various approaches to ethical issues.
2. Demonstrate an understanding of personal ethical decision-making for the health care professional today.
3. Demonstrate knowledge and understanding of basic ethical principles as applied to various current issues in health care management.

4. Demonstrate an understanding of ethics in health care management as well as your roles and responsibilities as an ethical health care professional.
5. Demonstrate the ability to develop a consistent and coherent strategy for ethical decision-making.
6. Demonstrate an appreciation and respect for a variety of ethical viewpoints.
7. Demonstrate skills in analysis, critical thinking, and problem solving with ethical issues.
8. Demonstrate a professional level of competency in your communication skills.

Course Requirements

Participation & Discussion (90 points, 10 points per module)

Due to the nature of the course your active participation in class discussion is required. To increase the value of class discussion, all students should be familiar with the required readings for each week of class.

NIH Training (20 points)

At some time during the course please go to <http://phrp.nihtraining.com/users/login.php> and complete the NIH training on protecting human research subjects. Download the certificate and submit to the assignment area to demonstrate completion of this assignment.

Written Case Study Analysis (100 points, 50 points each)

In writing your case study analysis please use the following outline:

- Description of Case
- Relevant Stakeholders and Values
- Role of Administrator
- Final Decision Making Authority
- Conclusion/Final Decision
- Ethical Principles Illustrated
- Summary of Learning
- References

It is required that you use the above as headings for sections of your written case study. Please cite references, as appropriate, within the body of your paper and provide a list of references using APA style.

Written Case Study Analysis 1 is based on the recent ethics case from the news. See Assignment for details.

Written Case Study Analysis 2 is based on the Case Study on page 167 of the text.

Course Requirements

This is an 8 week online course. Students are expected keep pace with the class. Once an assignment is past the due date, it cannot be completed for credit. This is especially important regarding the online discussions. Answers to assignments will be posted once the due date has passed as applicable. Students are expected to treat each other and the professor with collegiality and respect.

Computer Literacy

Because this course is online, students taking this class are expected to have a minimal understanding of how to use a computer. Instructor support will be supplied only in regards to class material, not basic computer knowledge. Please see the section on below on technical support to get information as to how to resolve technology issues.

Communication

The most efficient means of communication with the instructor is via the "HELP!" discussion board on Canvas. E-mail will be checked regularly and you will have a response within 24 hours. I have provided both office and cell phone information. Please feel free to use those freely during regular business hours or schedule an appointment via email. I work from 9-5 and am reachable most evenings. I live in Minneapolis, MN (central time zone) so it should be easy to catch me. Please talk to me early if you are having a problem.

Student Evaluation

Students will be evaluated on the basis of review of a survey, written sections of your final proposal, group discussions, a research critique and a research proposal. The purpose of turning in small sections of your final proposal throughout the semester is to help you build towards the final proposal with less stress.

Grading will be based on the following scale:

Assignments:

- Always cite your work (APA style)
- Unless noted there are no strict page limits
- If a situation arises and the deadline is a problem let me know asap and if possible prior to the issue

Class Schedule NOTE: The course is divided into weekly modules. Each week will begin on Sundays. All assignments will be due Sunday nights at midnight. I suggest you read the material in the early part of the first week so that you can fully participate in the class discussions. Discussion online are meant to replace discussions that you would have in a face to face class, therefore it is important to speak up. Ask questions, seek clarification, and ask about other's experiences. I have worked in a lot of different healthcare settings and businesses, but none of us comes with exactly the same experiences, value each other's perspectives and experiences.

Academic Integrity:

Students have an obligation to exhibit honesty in carrying out their academic assignments. Students may be found to have violated this obligation if they plagiarize or cheat. Plagiarism is presenting the work of others as one's own; cheating is taking, giving, or accepting any illicit advantage for any course work inside or outside of the classroom.

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August 12, 2016

Mrs Laura Theophilia Kuras
443 Seaworthy Rd
North Fort Myers, FL 33903

Dear Ms. Kuras:

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:

- **As per Option 3a, you are required to have a Bachelor's degree with a minimum 24 hours of academic science credit. (8 must be biological and 8 must be chemical science) You have a total of 6 credits (2 Chemical and 4 Biological). If applicable, please request additional education. Official transcripts provided by the educational institution. Transcripts must be submitted directly from the educational institution to our office at the address listed below.**
- **Copies of the certificates of completion for 2 hours of Medical Errors (Completed on or after 09/01/2014) 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**

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 Kelly.Woodard1@flhealth.gov.

Sincerely,

Kelly Woodard
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

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July 14, 2016

Mrs Laura Theophilia Kuras
443 Seaworthy Rd
North Fort Myers, FL 33903

Dear Ms. Kuras:

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: Notarized copy of application attestation form**
- **Official transcripts provided by the educational institution. Transcripts must be submitted directly from the educational institution to our office at the address listed below. As per option #3a, transcripts should reflect 24 academic sciences which must include 8 semester hours of biological science credits and 8 hours of chemical sciences credit.**
- ✓ **Employment Verification: The board is in receipt of 2 years and 10 months of documented clinical lab experience. Option #3a requires 5 yrs of experience. You are pending an additional 2 years and 2 months of experience.**
- **Copies of the certificates of completion for 2 hours of Medical Errors 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**

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



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July 11, 2016

Mrs Laura Theophilia Kuras
443 Seaworthy Rd
North Fort Myers, FL 33903

Dear Ms. Kuras:

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: Notarized copy of application attestation form.**
- **Official transcripts provided by the educational institution. Transcripts must be submitted directly from the educational institution to our office at the address listed below. (The board has received transcripts from St. Francis University and Florida Gulf Coast University. However, as per option #3a, transcripts must reflect 24 semester hours of academic sciences which must include 8 semester hours of biological sciences and 8 semester hours of chemical sciences. Neither transcript received reflect any academic science courses. Please submit additional transcripts).**
- **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** *Need 2 yrs 2 mos*

7/12/16
AL
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 (The board is in receipt of your request to use academic coursework towards your Supervision/Administration requirement. Your information has been submitted to the CE specialist. Please allow time to determine how many credits you will be awarded for your coursework).

- **Copies of the certificates of completion for 2 hours of Medical Errors 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**

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

Florida Department of Health

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PHONE: (850)245-4444 • FAX: (850) 922-8876



Accredited Health Department
Public Health Accreditation Board

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

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July 7, 2016

Mrs Laura Theophilia Kuras
443 Seaworthy Rd
North Fort Myers, FL 33903

Dear Ms. Kuras:

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: Notarized copy of application attestation form.**
- **Official transcripts provided by the educational institution. Transcripts must be submitted directly from the educational institution to our office at the address listed below.**
- **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**
- **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**
- **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**
- **Copies of the certificates of completion for 2 hours of Medical Errors education approved for the Florida Board of Clinical Laboratory Personnel. (Course must be completed on or after 09/01/2014). To obtain information for continuing education courses, please contact CE Broker @ 1-877-434-6323 or www.cebroke.com**

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.

Please Note: Clinical Laboratory Personnel licensures are currently in renewal. A licensure upgrade is not considered a renewal. You will still need to comply with the renewal requirements for your current license. If you need your User I.D. and Password to renew online you may contact our MQA call center at 850-488-0595. When your upgrade have been completed a new license will not generate until you renew the current license.

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

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Celeste Philip, MD, MPH
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July 5, 2016

Mrs Laura Theophilia Kuras
443 Seaworthy Rd
North Fort Myers, FL 33903

Dear Ms. Kuras:

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:

7/7/16 via upload
Please review the CLP MATRIX to determine your licensure pathway and OPTION #. Once you have determined which OPTION # you will be using, please provide the OPTION # in the space. Failure to provide an OPTION # will further delay your application. **
Dependent upon the option selected, you may be required to submit additional documentation.

> Option # 3A

7/7/16 via
You did not indicate on your application dated 06/25/2016, which specialty(s) in which you are seeking an upgrade in licensure. Please indicate in the space below which specialty(s) you are applying for.

> Specialty(s): Generalist

☐ OTHER: Notarized copy of application attestation form.

☐ The board is in receipt of transcripts from University of St. Francis. However, the transcripts do not reflect a degree awarded or graduation date. Dependent upon the option selected, please submit official transcripts provided by the educational institution reflecting your degree awarded and date of graduation. Transcripts must be submitted directly from the educational institution to our office at the address listed below.

☐ 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

☐ Employment Verification: (Dependent upon option selected) 5 yrs

☐ 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 (Dependent upon option selected)

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 Note: Clinical Laboratory Personnel licensures are currently in renewal. A licensure upgrade is not considered a renewal. You will still need to comply with the renewal requirements for your current license. If you need your User I.D. and Password to renew online you may contact our MQA call center at 850-488-0595. When your upgrade have been completed a new license will not generate until you renew the current license.

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 8, 2016

Mrs Laura Theophilia Kuras
443 Seaworthy Rd
North Fort Myers, FL 33903

Dear Ms. Kuras:

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: Notarized copy of application attestation form**
- **Official transcripts provided by the educational institution. Transcripts must be submitted directly from the educational institution to our office at the address listed below.**
- **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**
- **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**
- **Copies of the certificates of completion for 2 hours of Medical Errors education approved for the Florida Board of Clinical Laboratory Personnel. (Completed on or after 09/01/2014). To obtain information for continuing education courses, please contact CE Broker @ 1-877-434-6323 or www.cebroke.com**

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

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Governor

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Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

November 21, 2016

Laura T. Kuras
443 Seaworthy Road
North Fort Myers, FL 33903

Re: Laura T. Kuras

Dear Ms. Kuras:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

A handwritten signature in black ink that reads "Karen Miller".

Karen Miller
Administrative Assistant

/klm



CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

**Scroll down to see the available pages or
advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

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October 7, 2016

*B. May***MEMORANDUM**

TO: Members of Board of Clinical Laboratory Personnel

FROM: Kelly Woodard, Regulatory Specialist II

RE: Joshua Quintanilla

DATE: October 7, 2016

Mr. Quintanilla has applied for licensure as a Clinical Laboratory Supervisor in the specialty area of Generalist, Option 2A requiring a Masters' degree in a Clinical Lab, Chemical, or Biological science. Transcripts were submitted from University of South Florida reflecting a Bachelor's degree in Microbiology and a Masters' degree in Health Informatics.

- Our office is unable to determine if Mr. Quintanilla meets the education requirements as listed in Rule 64B3-5.002 F.A.C.

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

Thank you for your assistance.

Licensure Information:

License Number	TN45539
Specialties	MSCHI-MP
1 st License Issued	08/20/2013
License expired	08/31/18

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.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

October 7, 2016

Joshua David Quintanilla
3955 20th St N
Saint Petersburg, FL 33714

Dear Mr. Quintanilla:

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 education

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) 488-0595 or e-mail Kelly.Woodard1@flhealth.gov.

Sincerely,

Kelly Woodard
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

Woodard, Kelly

From: Van Siclen, Carleen P. <VanSiclen.Carleen@mayo.edu>
Sent: Friday, September 16, 2016 2:59 PM
To: Woodard, Kelly
Subject: RE: Education

Happy Friday Kelly,

Based on the information that you have provided in this e-mail, the applicant does not meet the qualifications for Supervisor (Option 2) because a M.S. degree in Health Informatics is not equivalent to a M.S. degree in Biology, Chemistry, or Medical Laboratory Science, nor does the applicant meet the qualifications for a Supervisor's license using Option 3 because it requires 5 years of experience. Therefore, the application needs to go for a full Board review.

Carleen Van Siclen

Carleen Van Siclen, Education Coordinator
Assistant Professor, College of Medicine
Department of Laboratory Medicine & Pathology
904-953-7501 pager
904-953-2863 voice mail
904-953-2096 fax
vansiclen.carleen@mayo.edu

Mayo Clinic
4500 San Pablo Road
Jacksonville, FL 32224

From: Woodard, Kelly [mailto:Kelly.Woodard1@flhealth.gov]
Sent: Friday, September 16, 2016 2:01 PM
To: Van Siclen, Carleen P.
Subject: Education

Carleen,

I have an applicant ready to be licensed, but I want to confirm that we may accept his education. Would you mind reviewing the attached transcript?

He is applying for Generalist Supervisor Option 2A. I know he would qualify for 3A, but does not have the 5 years' experience.

Facts:

Exam-ASCP-MLS

Education- BS degree in Microbiology w/24 academic sciences and MS degree in health Informatics

Experience – 3 years in each specialty

Completed all CE requirements.

TN
45539
mscHI-mp
(8/2013)

SUPERVISOR APPLICATION CHECKLIST

FILE # 45118 LICENSE # _____

NAME Quintanilla, Joshua

BOARD RECEIVED DATE _____ OPTION 2a

APPLICATION

- ☐ (1054) INITIAL SUPERVISOR
☐ (3047) ADD SPECIALTY
☒ (1043) UPGRADE TECHNOLOGIST TO SUPERVISOR
☐ (1045) UPGRADE TECHNICIAN TO SUPERVISOR

SU SPECIALTIES mscHI

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

(*) ALL PAGES OF APPLICATION RECV - or - MISSING PAGE(S) _____

OIG/LEIE Check Clear ☐ YES ☐ NO

EDUCATION

UNIVERSITY University South Florida DOC ID NUMBER _____

TRANSCRIPTS RECEIVED ☐ YES ☐ NO
DEGREE BS/micro ms/Health Informatics DOC ID NUMBER _____

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

CREDENTIAL EVALUATION RECEIVED ☐ YES ☒ NO

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

EXAM

☒ NATIONAL EXAM SCORES MLS ASCP AMT AAB ABHI DOC ID NUMBER _____

LICENSURE VERIFICATION

(*) STATE(S) FL, N/A DISCIPLINE? ☐ YES ☐ NO DOC ID # _____

EXPERIENCE

☒ EMPLOYMENT VERIFICATION
NUMBER OF YEARS 34 SPECIALTIES mscHI DOC ID NUMBER _____

NOTES

Mission:

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Rick Scott
Governor

Celeste Philip, 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 Technologist
Profession Number:	6601 - Clinical Laboratory Personnel
License Number:	45539
Application:	Upgrade from Technologist to Supervisor
Application Date:	08/20/2016

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, Immunohematology, Blood Banking (Donor Processing), AND/OR Cytogenetics]?	No
---	----

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:	JOSHUA
Middle/Second Name:	DAVID
Last Name/Surname:	QUINTANILLA
Birthdate:	10/13/1979



CLINICAL LABORATORY LICENSURE

ADDING SPECIALTY (Client: 6601)

ADDING SPECIALTIES (to an existing licensure level): (Fees includes: application (non-refundable), and additional specialty fee).
Please select only one licensure level per application.

(3045) ☐ Technician \$50.00; (3046) ☐ Technologist \$75.00; (3047) ☒ Supervisor \$95.00; (3048) ☐ Director \$115.00

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

1. NAME: Quintanilla Joshua David
(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 ☐ NO

If YES, list provide:

2. ADDRESS: (Last) (First) (Middle)
a. MAILING ADDRESS: 3955 20th St N Saint Petersburg FL 33714
(Street and Number) (Apt. #) (City) (State) (Zip)
b. PRIMARY LOCATION: 601 5th St S Saint Petersburg FL 33701
(Street and Number) (Apt. #) (City) (State) (Zip)
c. TELEPHONE: (352) 272-6965 727 898-7451
Primary: Area Code/Phone Number Business: Area Code/Phone Number
d. EMAIL ADDRESS: JOSILVERBACK@YAHOO.COM

(Email Notification: If you want to be 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@floridaclinicallabs.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.

☐ YES ☐ NO

3. PERSONAL DATA:

a. Date of Birth: 10/13/1979
(Month/Day/Year)

b. 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 ☐ Black ☒ Hispanic ☐ Asian/Pacific Islander ☐ Native American ☐ Other
SEX: ☒ Male ☐ Female

c. 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. ADDING SPECIALTIES: (to an existing licensure level)

Please Note: YOU MAY SELECT ONLY ONE LICENSURE LEVEL PER APPLICATION. You will need to indicate the OPTION in which you are applying by reviewing the MATRIX. Failure to select an OPTION will result in delaying the process and you will be notified of that deficiency.

Director: OPTION:

☐ Microbiology ☐ Serology/Immunology ☐ Clinical Chemistry ☐ Hematology ☐ Histocompatibility
☐ Andrology ☐ Embryology ☐ Molecular Pathology ☐ Cytogenetics

Supervisor: OPTION: 2a

☒ Microbiology ☒ Serology/Immunology ☒ Clinical Chemistry ☒ Hematology ☒ Immunohematology
☐ Histocompatibility ☐ Andrology ☐ Embryology ☐ Molecular Pathology
☐ Histology ☐ Cytology ☐ Cytogenetics ☐ Blood Banking/Donor Processing

Technologist: OPTION:

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

Technician: OPTION:

☐ Histology ☐ Molecular Pathology ☐ Andrology ☐ Embryology
☐ Generalist (Microbiology, Serology/Immunology, Clinical Chemistry, Hematology and Immunohematology)

Gender:

Male

Race:

Hispanic

Social Security Number:

Addresses

Main Address

Address:

3955 20TH ST N

PINELLAS

SAINT PETERSBURG, FL

33714

US

Phone Number:

352-272-6965

Extension:

E-mail Address:

jqsilverback@yahoo.com

Home

Fax

Primary Location

Address:

601 5TH ST S

PINELLAS

SAINT PETERSBURG, FL

33701

US

Phone Number:

(727) 898-7451

Extension:

Education History 1

School Name:

University of South Florida-Morsani College
of Medicine

Attended From (mm/dd/yyyy):

01/05/2015

Attended To (mm/dd/yyyy):

08/28/2016

Date of Graduation (mm/dd/yyyy):

08/06/2016

City:

Tampa

State:

FLORIDA

Country:

UNITED STATES OF AMERICA

Education History 2

School Name:

Bayfront Medical Center

Attended From (mm/dd/yyyy):

08/06/2012

Attended To (mm/dd/yyyy): 07/19/2013
Date of Graduation (mm/dd/yyyy): 07/19/2013
City: Saint Petersburg
State: FLORIDA
Country: UNITED STATES OF AMERICA

Education History 3

School Name: University of South Florida
Attended From (mm/dd/yyyy): 01/13/2003
Attended To (mm/dd/yyyy): 12/16/2005
Date of Graduation (mm/dd/yyyy): 12/16/2005
City: Tampa
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? Yes

License Number: TN45539
Original Issue Date: 08/10/2013
Date of Expiration: 08/31/2018
State: Florida
Country: UNITED STATES

Initial Application Mandatory CE

Provider Number: 50-10293

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: MediaLab, Inc.

Course Number/Title:

HIV Safety for Florida, Florida Board of
Clinical Laboratory Science CE - HIV/AIDS

Date Completed:

05/03/2015

Employment History

Name of Business:

Johns Hopkins - All Children's Hospital

Street Address Line 1:

601 5th St S #602

City:

Saint Petersburg

State:

FLORIDA

Zip Code:

33701

Employment From (mm/dd/yyyy):

08/08/2013

National Certification Examination

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

Yes

Name of National Certification Examination:

ASCP Board of Certification - Laboratory
Professionals

Examination Date:

07/24/2013

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?

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? **No**

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.

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: Joshua D Quintanilla

APPLICANT SIGNATURE:

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I affirm that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083, and 775.084, Florida Statutes.

I hereby authorize all hospitals, institutions, organizations, my references, personal physicians, employers (past and present), and all government agencies and instruments (local, state, federal, or foreign) to release to the Department of Health any information, files and/or records requested by the Department of Health in connection with the processing of this application. I further authorize the Department of Health to release to the organization, individuals, and groups listed above any information which is material to my application.

I understand that Florida law requires me, as an applicant for licensure, to supplement my application after it has been submitted with any material change in circumstances or conditions which might affect the Board of Clinical Laboratory Personnel's decision concerning my eligibility for licensure (Section 456.013, Florida Statutes). Failure to do so may result in denial of licensure and/or other action by the Board of Clinical Laboratory Personnel.

I further affirm that I have carefully read the questions in the foregoing application and have answered them completely without reservation of any kind and I declare that the answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I understand that such action shall constitute cause for denial, suspension, or revocation of the license for which I am applying.

I also affirm that I will comply with all requirements for licensure renewal in effect at the time of licensure renewal, including submission of appropriate renewal fees and completion of required continuing education credits.

I understand that an incomplete application shall expire one year after initial filing with the Department of Health as stated in Section 456.013(1)(a), Florida Statutes.

(Signature of Applicant)

(Date)

Before me, personally appeared Joshua David Quintanilla, whose identity is known to me by Florida Drivers License (type of identification) and who, under oath, acknowledges that his signature appears above.

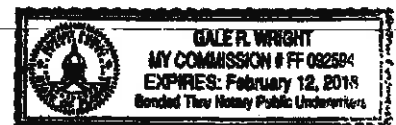
Sworn to and subscribed before me this 13th day of September 2016.

February 12, 2018

My Commission Expires:

NOTARY PUBLIC

Gale R. Wright
Gale R. Wright



*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.

HMQA

SEP 16 2016

**Additional Information Required
Verification of Clinical Laboratory Experience**

Name: QUINTANILLA, JOSHUA DAVID
Profession: 6601
Transaction Code: 1043
File Number: 45118

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

APPLICANT NAME: Joshua David Quintanilla
(Last) (First) (Middle)

EMPLOYER NAME: Johns Hopkins All Childrens Hospital

MAILING ADDRESS: 501 Sixth Ave S St. Petersburg, FL 33731-8902
(Street and Number) (Apt. #) (City) (State) (Zip)

TELEPHONE: (727) 767-4241
Business: Area Code/Phone Number

CLIA#: 10D0700790

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: 08/2013 To: 09/2016
MM/YYYY MM/YYYY

Full Time: 40 Part Time _____
(hrs per week) (hrs per week)

Please indicate an 'X' in each SPECIALTY Worked:

X	SPECIALTY AREA WORKED	TESTS PERFORMED	DATES PERFORMED (MM/YYYY) to (MM/YYYY)
	Microbiology	See attached	08/2013 to 10/2016
	Clinical Chemistry	See attached	08/2013 to 10/2016
	Serology/Immunology	See attached	08/2013 to 10/2016
	Hematology	See attached	08/2013 to 10/2016
	Immunohematology	See attached	08/2013 to 10/2016
	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.

Diane Kracht
 Print Name (Laboratory Supervisor/Director/Personnel Director)

Lab Operations Manager
 Title

Diane Kracht
 Signature (Laboratory Supervisor/Director/Personnel Director)

9/7/2016
 Date

Please upload an electronic copy of this form by going to Application Status and selecting the Upload feature from the Quick Start Menu.

We will also accept the form by mail to the address below:

Florida Board of Clinical Laboratory Personnel
 4052 Bald Cypress Way, Bin C-07
 Tallahassee, FL 32399-3257

Johns Hopkins All Children's Hospital
(State of Florida# L800000135/ CAP#1530901/ CLIA#10D0700790)
501 Sixth Avenue South
PO Box 31020
St. Petersburg, FL 33731-8920

Tests performed by Specialty by
Joshua D. Quintanilla

Dates of full-time employment as an MT: August 2013 to present (September 2016).

Serology:
Monospot, CRP

Clinical Chemistry:
Sodium, potassium, chloride, CO2, glucose, BUN, calcium, creatinine, bilirubin (total & direct), ALT, AST, triglycerides, cholesterol, alkaline phosphatase, phosphorous, albumin, total protein, microalbumin, prealbumin, lead, amylase, lipase, ammonia, osmolality, lactates, alcohol, blood gases, urine dipstick, urine microscopic, urine drug screen, urine Eos, pregnancy test (urine & serum), iron, CKMB, troponin, salicylate, phenobarbital, dilantin, digoxin, gentamicin, tobramycin, caffeine, vancomycin, methotrexate, cyclosporin, acetaminophen, myoglobin, troponin, CRP, GGT, HDL/LDL cholesterol, transferrin, LDL, CK, magnesium, uric acid, thyroid panel, hepatic panel.

Hematology:
CBC, differentials, platelet counts (manual), sed rate, sickledex, CSF & body fluid cell count & differential, plasma hemoglobin, APT fetal hemoglobin, Thromboelastograph, PT, APTT, Thrombin, Fibrinogen, PFT, D-dimer, Anti-thrombin III.

Immunohematology/Blood Banking:
ABO & Rh typing, DAT, antibody identification, compatibility testing, elution, isohemagglutinin titer, transfusion reaction, antigen testing, component preparation.

Microbiology:
Set up cultures, gram stain, rapid strep, RSV, Rotavirus, occult blood, KOH/wet prep, Influenza screen, Respiratory Viral Panels (RVPs).

This is to certify that:

Joshua Quintanilla

has successfully completed the course:

HIV Safety for Florida

Provider Name:

MediaLab, Inc.

ASCLS P.A.C.E. Provider #578

Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed:

5/3/2015

Assignment#:

8373673

Content:

Complete

Exam:

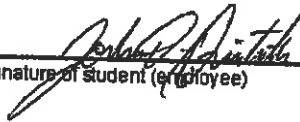
Participant's Florida License Number:

TN45539

FL CE Broker Course ID:

459723

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee)

5-3-15
Date

Continuing Education Credits

- Florida Board of Clinical Laboratory Science CE - HIV/AIDS: 1

Florida Board of Clinical Laboratory Science CE - HIV/AIDS

This course provides 1 hour(s) of Florida Board of Clinical Laboratory Science CE credit that fulfills the requirement for HIV/AIDS training.

This is to certify that:


Joshua Quintanilla

has successfully completed the course:

Medical Error Prevention: Patient Safety

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 5/3/2015
Assignment#: 8373674
Content: Complete
Exam:
Participant's Florida License Number: TN45539
FL CE Broker Course ID: 463910

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee)

5-3-15
Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida Board of Clinical Laboratory Science CE - Medical Errors: 2

P.A.C.E. Contact Hours
Course Number: 578-012-11
This program is approved for 2 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
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California Accrediting Agency (CAA) #0001

Florida Board of Clinical Laboratory Science CE - Medical Errors
This course fulfills 2 hours toward the Florida Board of Clinical Laboratory Science requirement in Medical Errors.



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

HIPAA Privacy and Security Rules

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 7/31/2015

Assignment#: 8558263


Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 214871

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee)

7-31-15
Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 2

P.A.C.E. Contact Hours
Course Number: 578-039-12
This program is approved for 2 P.A.C.E.® contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

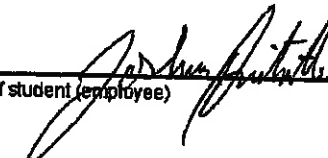
Joshua Quintanilla

has successfully completed the course:

Tuberculosis Awareness for Health Care Workers

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 8/1/2015
Assignment#: 8646368
Content: Complete
Exam:
Participant's Florida License Number: TN45539
FL CE Broker Course ID: 214936

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee) _____ Date 8-1-15

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1

P.A.C.E. Contact Hours
Course Number: 578-034-12
This program is approved for 1 P.A.C.E.® contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety
This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

Packaging and Shipping Infectious Materials (revised July 2013, up-to-date for 2015)

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 8/1/2015

Assignment#: 8646367

Content: Complete

Exam: ...

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 406412

This course meets International Air Transport Association (IATA) and International Civil Aviation Organization (ICAO) training requirements for packaging and shipping Category A and Category B infectious substances.

This course also meets College of American Pathologists' and other organizations' training requirements for packaging and shipping Division 6.2 hazards (infectious materials).

Signature of student (employee)

Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 2

P.A.C.E. Contact Hours

Course Number: 578-011-13

This program is approved for 2 P.A.C.E.® contact hours.

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California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

Medicare Compliance for Clinical Laboratories

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 8/1/2015

Assignment#: 8646362

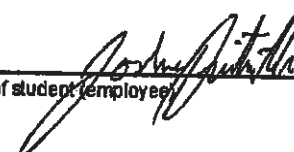
Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 443275


My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student/employee _____ Date 8-1-15

Continuing Education Credits

- P.A.C.E. Contact Hours: 2.5
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 2.5

P.A.C.E. Contact Hours
Course Number: 578-011-14
This program is approved for 2.5 P.A.C.E.® contact hours.


Paul Fekete, MD, Program Administrator
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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety
This course qualifies for 2.5 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

Basics of Lean and Six Sigma for the Laboratory

Provider Name:

MediaLab, Inc.

ASCLS P.A.C.E. Provider #578

Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed:

7/31/2015

Assignment#:

8558252

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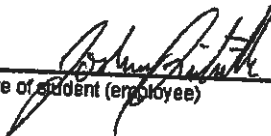
Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 358683

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee)

7-31-15
Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 2

P.A.C.E. Contact Hours

Course Number: 578-010-12

This program is approved for 2 P.A.C.E.® contact hours.



Paul Pekete, MD, Program Administrator

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California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

Concept and Construction of a Laboratory Individualized Quality Control Plan

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 7/31/2015

Assignment#: 8558253

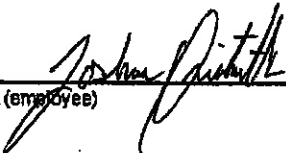
Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 488996

My signature below certifies that I have taken and completed this course without outside assistance.

 7-31-15
Signature of student (employee) Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 1

P.A.C.E. Contact Hours

Course Number: 578-004-15

This program is approved for 1 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
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California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety

This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

Descriptive Statistics

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 7/31/2015

Assignment#: 8558254

Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 214866

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee) _____ Date 7-31-15

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 2

P.A.C.E. Contact Hours
Course Number: 578-020-12
This program is approved for 2 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

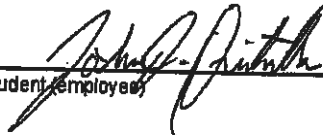
Joshua Quintanilla

has successfully completed the course:

Ebola Virus Disease (EVD) and Clinical Laboratory Safety in the United States

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 7/31/2015
Assignment#: 8558265
Content: Complete
Exam:
Participant's Florida License Number: TN45539
FL CE Broker Course ID: 488990

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student/employee _____ Date 7-31-15

Continuing Education Credits

- P.A.C.E. Contact Hours: 1.5
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 1.5

P.A.C.E. Contact Hours

Course Number: 578-003-15

This program is approved for 1.5 P.A.C.E.® contact hours.



Paul Pekere, MD, Program Administrator
MediaLab Inc. (Provider #578)
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California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety

This course qualifies for 1.5 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

Evidence-Based Practice Applied to the Clinical Laboratory

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 7/31/2015

Assignment#: 8558266

Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 455505

My signature below certifies that I have taken and completed this course without outside assistance.

Signature of student (employee)

Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 1

P.A.C.E. Contact Hours

Course Number: 578-008-14

This program is approved for 1 P.A.C.E.® contact hours.

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California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety
Course Number: 578-008-14

This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

Introduction to Bioterrorism

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 7/31/2015

Assignment#: 8558264

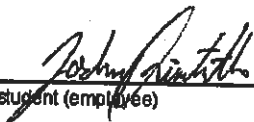
Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 214874

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee)

7-31-15
Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 1.5
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1.5

P.A.C.E. Contact Hours

Course Number: 578-011-11

This program is approved for 1.5 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 1.5 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

Introduction to Quality Control

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 7/31/2015
Assignment#: 8558255
Content: Complete
Exam:
Participant's Florida License Number: TN45539
FL CE Broker Course ID: 214876


My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee) 7-31-15
Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 1

P.A.C.E. Contact Hours
Course Number: 578-040-12
This program is approved for 1 P.A.C.E.® contact hours.


Paul Fekete, MD, Program Administrator
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California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety
This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE



This is to certify that:

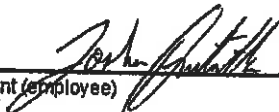
Joshua Quintanilla

has successfully completed the course:

OSHA Bloodborne Pathogens

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 7/31/2015
Assignment#: 8558257
Content: Complete
Exam:
Participant's Florida License Number: TN45539
FL CE Broker Course ID: 214919

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee) _____ Date 7-31-15

Continuing Education Credits

- P.A.C.E. Contact Hours: 1.5
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1.5

P.A.C.E. Contact Hours

Course Number: 578-013-11

This program is approved for 1.5 P.A.C.E.® contact hours.



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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 1.5 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

OSHA Electrical Safety

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 7/31/2015

Assignment#: 8558258

Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 374481


My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee) _____ Date 7-31-15

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1

P.A.C.E. Contact Hours
Course Number: 578-016-12
This program is approved for 1 P.A.C.E.® contact hours.


Paul Fekete, MD, Program Administrator
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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety
This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

OSHA Fire Safety

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 7/31/2015

Assignment#: 8558259

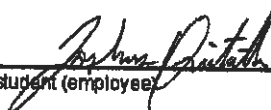
Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 214923

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee)

7-31-15
Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1

P.A.C.E. Contact Hours
Course Number: 578-026-12
This program is approved for 1 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
MediaLab Inc. (Provider #578)
242 S. Culver St, Suite 300, Lawrenceville, GA 30046
www.MediaLabInc.net | www.LabCE.com

P.A.C.E.®
American Society for Clinical Laboratory Science
1861 International Drive, Suite 200, McLean, VA 22102

MediaLab is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program.

California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

OSHA Formaldehyde

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 7/31/2015

Assignment#: 8558260

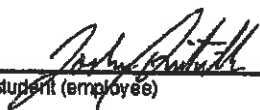
Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 214925

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee)

7-31-15
Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1

P.A.C.E. Contact Hours
Course Number: 578-027-12
This program is approved for 1 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety

This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

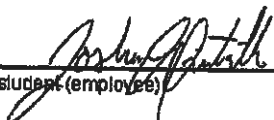
Joshua Quintanilla

has successfully completed the course:

OSHA Hazard Communication and Chemical Hygiene Updated to the Globally Harmonized System

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293
Date Completed: 7/31/2015
Assignment#: 8558261
Content: Complete
Exam:
Participant's Florida License Number: TN45539
FL CE Broker Course ID: 214920


My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee) _____ Date 7-31-15

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 1

P.A.C.E. Contact Hours
Course Number: 578-014-11
This program is approved for 1 P.A.C.E.® contact hours.


Paul Fekete, MD, Program Administrator
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California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety
This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

Quality Control

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 7/30/2015

Assignment#: 8558256

Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 214929


My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee) _____ Date 7-30-15

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 2

P.A.C.E. Contact Hours
Course Number: 578-029-12
This program is approved for 2 P.A.C.E.® contact hours.


Paul Fekete, MD, Program Administrator
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MediaLab is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program.

California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

Risk Management in the Clinical Laboratory

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 7/30/2015

Assignment#: 8558267

Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 280569

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee)

7-30-15
Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 1
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 1

P.A.C.E. Contact Hours
Course Number: 578-005-10
This program is approved for 1 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
MediaLab Inc. (Provider #578)
242 S. Culver St, Suite 300, Lawrenceville, GA 30046
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MediaLab is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program.

California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety

This course qualifies for 1 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

Laboratory Effectiveness: Clinical Laboratory Utilization

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 5/19/2015

Assignment#: 8416492

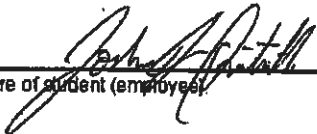
Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 404720

My signature below certifies that I have taken and completed this course without outside assistance.


Signature of student (employee)

5-19-15
Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety: 2

P.A.C.E. Contact Hours
Course Number: 578-010-13
This program is approved for 2 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
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California Accrediting Agency (CAA) #0001

Florida CE - Supervision/Administration, Quality Control/Quality Assurance, Safety

This course qualifies for 2 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.

Provider Name: MediaLab, Inc. DBA LabCE



This is to certify that:

Joshua Quintanilla

has successfully completed the course:

Linear Regression Analysis

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 7/3/2015

Assignment#: 8373955

Content: Complete

Exam:

Participant's Florida License Number: TN45539

FL CE Broker Course ID: 214911

My signature below certifies that I have taken and completed this course without outside assistance.


 7-315

Signature of student (employee) Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 2.5
- Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety: 2.5

P.A.C.E. Contact Hours
Course Number: 578-042-12
This program is approved for 2.5 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
MediaLab Inc. (Provider #578)
242 S. Culver St, Suite 300, Lawrenceville, GA 30046
www.MediaLabInc.net | www.LabCE.com

P.A.C.E.®
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1861 International Drive, Suite 200, McLean, VA 22102

MediaLab is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program.

California Accrediting Agency (CAA) #0001

Florida CE: Supervision/Administration, Quality Control/Quality Assurance, and Safety
Course Number: 578-025-12

This course qualifies for 2.5 credit hour(s) towards the Florida Board of Clinical Laboratory Personnel requirement in Supervision/Administration, Quality Control/Quality Assurance, and Safety.



Mission:

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Vision: To be the Healthiest State in the Nation

Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

September 9, 2016

Joshua David Quintanilla
3955 20th St N
Saint Petersburg, FL 33714

Dear Mr. Quintanilla:

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-** Please select the specialties in which you wish to upgrade.
- Please review the CLP MATRIX to determine your licensure pathway and OPTION #. Once you have determined which OPTION # you will be using, please provide the OPTION # in the space provided for question 4 of the application. Failure to provide an OPTION # will further delay your application.
 - OPT# _____
- Your completed application must be notarized. Please obtain notary on the enclosed attestation page.
- **Employment Verification-** The board has documented proof of 3 years and 1 month experience. You are pending 1 year and 11 months of additional experience.

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 Kelly.Woodard1@flhealth.gov.

Sincerely,

Kelly Woodard
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 Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

September 12, 2016

Joshua David Quintanilla
3955 20th St N
Saint Petersburg, FL 33714

Dear Mr. Quintanilla:

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:

- Your completed application must be notarized. Please have your application notarized prior to being re-submitted.
- (Based on the Option selection you have chosen [2A], you are required to have a Masters' degree in Clinical Lab Science.) Official transcripts provided by the educational institution. Transcripts must be submitted directly from the educational institution to our office at the address listed below.

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 Kelly.Woodard1@flhealth.gov.

Sincerely,

Kelly Woodard
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

BOARD OF CLINICAL LAB PERSONNEL
4052 BALD CYPRESS WAY BIN C-07
TALLAHASSEE FL 32399-3257

U81232314
QUINTANILLA
JOSHUA
1 of 1
Requested: 03-OCT-16
Printed: 04-OCT-16

HMQACB
OCT 07 2016

Mission:

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



Rick Scott
Governor

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Surgeon General and Secretary

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November 21, 2016

Joshua D. Quintanilla
3955 20th Street, North
Saint Petersburg, FL 33714

Re: Joshua D. Quintanilla

Dear Mr. Quintanilla:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

A handwritten signature in black ink that reads "Karen Miller".

Karen Miller
Administrative Assistant

/klm

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

**Scroll down to see the available pages or
advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

Mission:

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Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

3. may

TO: Members, Board of Clinical Laboratory Personnel
FROM: Nicole Wiley, Regulatory Specialist II
SUBJECT: Dominique Kirkland
DATE: November 8, 2016

Attached for your review is a copy of the file for the above-referenced applicant. This application was received on October 21, 2016 and is being presented pursuant to information obtained through the application process relating to the employment verification. Ms. Kirkland has applied for a Supervisor's License in the area of Clinical Chemistry.

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.

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.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

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

November 8, 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 referral reason.

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 or e-mail Nicole.Wiley@flhealth.gov.

Sincerely,

Nicole Wiley
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:

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Rick Scott
Governor

Celeste Phillip, MD, MPH
State Surgeon General

Vision: To be the Healthiest State in the Nation

November 2, 2016

MEMORANDUM

TO: Linda Valdes, Board of Clinical Laboratory Personnel
FROM: Brandi May, Regulatory Supervisor
SUBJECT: Dominique Kirkland

Attached for your review is a copy of the file for the above-referenced applicant. This application was received on October 21, 2016 and is being presented pursuant to information obtained through the application process relating to the employment verification.

Ms. Kirkland has applied for a Supervisor's license in the area of Clinical Chemistry. An employment verification form was submitted from Quest Diagnostics reflecting experience in clinical chemistry from August 2003 until May 2009. The Board had previously determined the tests she performed had not been pertinent laboratory experience on a teleconference call on October 11, 2016. This applicant had previously applied for licensure and agreed to withdraw her application at this meeting because she did not meet the experience requirements. The applicant has reapplied and has submitted additional experience.

- Our office is unable to determine if Ms. Kirkland's experience is valid.

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

Your response is requested by November 9, 2016 to assist us with the board agenda deadline.

☐ Approve Application

☒ Full Board Review Requested

☐ Appearance not required

Comments: Additional evidence appears to be the same
from prev. app. Lab does not have CLIA # -
believe experience is forensic / research only.

Linda Valdes
Signature

11/4/16
Date

Florida Department of Health

MQA/Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin C-07 • Tallahassee, FL 32399-1701
Express mail address: 4042 Bald Cypress Way - Suite 305
PHONE: 850/245-4355 • FAX 850/922-8876



Accredited Health Department
Public Health Accreditation Board

6601
F-48495



CLINICAL LABORATORY LICENSURE

(Client: 6601)

INITIAL & UPGRADE LICENSURE - SUPERVISOR

10/21/2016 130.00
ID: 48495 Type: F
BT: 3006225
R#: 916014657

INITIAL LICENSURE FEES:

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

- ☐ 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 ☐ NO

If YES, list provide:

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: 904 422-0908 305 814-6503
Primary: Area Code/Phone Number Business: Area Code/Phone Number

d. EMAIL ADDRESS: LINKIRKLAND@AOL.COM

(Email Notification: If you want to be 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@floridasclinicallabs.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.

☒ 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 ☒ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American ☐ Other
SEX: ☐ Male ☒ 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 ☒ Clinical Chemistry ☐ Hematology ☐ Immunohematology
☐ Histocompatibility ☐ Andrology ☐ Embryology ☐ Medical Microbiology
☐ Histology ☐ Cytology ☐ Cytogenetics ☐ Blood Banking/Donor Processing
☐ Generalist (Microbiology, Serology/Immunology, Clinical Chemistry, Hematology, Immunohematology and Molecular Pathology)

RECEIVED

OCT 20 2016

WL

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.

FLORIDA STATE UNIVERSITY TALLAHASSEE, FL	01/97-5/02	2002	BS
(School Name)	(City/State or Country)	(From: MM/DD/YYYY - To: MM/DD/YYYY)	(Graduation Date) (Degree Awarded)
BARRY UNIVERSITY MIAMI, FL	8/02-10/05	2005	N/A
(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)
---------------	-------------------------	-------------------------------------	------------------------------------

(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:)

NRCC - TOXICOLOGICAL CHEMIST	01/18/10
(Name of National Certification Examination)	(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.

QUEST DIAGNOSTICS 1777 MONTREAL CIR TUCKER, GA 30084	8/2003-5/2009	
(Name of Business)	(Full Mailing Address)	(From: MM/DD/YYYY To: MM/DD/YYYY)

UM DIAL TOXICOLOGY LAB 1600 NW 10 th AVE MIAMI, FL 33136	6/2011-12/2015	
(Name of Business)	(Full Mailing Address)	(From: MM/DD/YYYY To: MM/DD/YYYY)

ANCHOR DIAGNOSTICS 150 NW 11 th ST. NMB, FL 33119	12/2015 - CURRENT	
(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)
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(Name of Business)	(Full Mailing Address)	(From: MM/DD/YYYY To: MM/DD/YYYY)
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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)
(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)
(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

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.



APPLICANT'S SIGNATURE

10/12/16

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.

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) (Apt. #) (City) (State) (Zip)

TELEPHONE: (813) 406-1110 **CLIAS:** 11D10916780
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: 08/2003 To: 05/2009 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	PLEASE SEE ATTACHED	08/2003 to 05/2009
	Hematology		/ 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.

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

Jamette Williams
 Signature (Laboratory Supervisor/Director/Personnel Director)

Technical Lab Manager
 Title

10/12/16
 Date



October 12, 2016

To Whom It May Concern:

Ms. Kirkland was employed by Quest Diagnostics for a little over five years. She was a specimen technician where she handled, prepped, and accessioned blood, urine and tissue samples for three years before she was elevated to the technologist level and began working as a forensic scientist.

In the toxicology department, she was responsible for drug extractions on oral fluid, urine and blood samples for analysis on Gas Chromatography Mass Spectrometry (GC/MS) as well as the data interpretation of each. She also determined blood alcohol (BAC) levels via Headspace Gas Chromatography (GC) in blood and urine.

Please feel free to contact me directly if you have any further questions.

Thank You,

A handwritten signature in black ink, appearing to read 'Janyette Williams'.

Janyette Williams

Quest Diagnostics

Technical Lab Manager

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 (DUID) 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.

C215

64601 48495

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





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 #FBN1114
- Florida Board of Respiratory Care #FRCB 45
- Florida Board of Clinical Laboratory Personnel #FRLP Category Code: 18
- Florida Bureau of Radiation Control #BRC009 Course # 18000140 Content: CE-Personal Development
- Florida Board of Clinical Social Work, Marriage Family Therapy & Mental Health Counseling #BAP014
- Florida Board of Physical Therapy Practice
- Florida Council of Dietetics and Nutrition
- Florida Council of Licensed Midwives
- Florida Board of Medicine, Osteopathic Medicine, Physician Assistants #ACOM 10# 4000001 FHMHC is accredited by the Florida Medical Association to provide continuing medical education for physicians. FHMHC designates this educational activity for a maximum of 2.00 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

 TABLE MESA

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
Bln # 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

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

November 21, 2016

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

Re: Dominique L. Kirkland

Dear Ms. Kirkland:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

A handwritten signature in black ink that reads "Karen Miller".

Karen Miller
Administrative Assistant

/klm

CONFIDENTIAL AND EXEMPT MATERIALS

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from this document for security reasons**

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AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

Mission:

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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: Austin Fletcher, Regulatory Specialist II

SUBJECT: Lerene Archer

DATE: November 14, 2016

Attached for your review is a copy of the file for the above-referenced applicant. Ms. Archer has applied for an upgrade from Technologist to Supervisor in all of the generalist areas as well as Blood Banking under option 3a. Transcripts were submitted from the University of Cincinnati and Keiser University reflecting Bachelor's in Medical Laboratory science from Cincinnati and an Associate from Keiser in Medical Laboratory Technology. She is currently certified with American Medical Technologists. Ms. Archer has fulfilled all of the requirements for licensure under option 3a, except the academic science requirement.

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

Thank you for your assistance.

Current Licensure Information:

License Number	TN40213
Specialties	M,S,C,H,I,MP
1st License Issued	02/12/2008
License expired	08/31/18



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Celeste Phillip, MD, MPH
Surgeon General and Secretary

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

November 14, 2016

Lerene Victoria Archer
7031 Marlberry Ln
Tamarac, FL 33321

Dear Ms. Archer:

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 referral reason.

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 245-4444 or e-mail Austin.Fletcher@flhealth.gov.

Sincerely,

Austin Fletcher
Regulatory Specialist II

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**Rick Scott**

Governor

Celeste Phillip, MD, MPH
State Surgeon General and Secretary**Vision:** To be the Healthiest State in the Nation

November 8, 2016

MEMORANDUM

TO: Carleen Van Siclen, Board of Clinical Laboratory Personnel
FROM: Austin Fletcher, Regulatory Specialist II
RE: Lerene Archer
DATE: November 8, 2016

Ms. Archer has applied for an upgrade from Technologist to Supervisor in all of the generalist areas as well as Blood Banking under option 3a. Transcripts were submitted from the University of Cincinnati and Keiser University reflecting Bachelor's in Medical Laboratory science from Cincinnati and an associate from Keiser in Medical Laboratory Technology. She is currently certified with American Medical Technologists. Ms. Archer has fulfilled all of the requirements for licensure under option 3a, except the academic science requirement.

- Our office is unable to determine if Ms. Archer meets the education requirements as listed in Rule 64B3-5.002 F.A.C.

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

Your response is requested by November 15, 2016 assist us with the board agenda deadline.

☐ Approve Application

☒ Full Board Review Requested

☐ Appearance required -OR- ☒ Appearance not required

Comments: 8 credits in Biology; 8 credits in Chemistry
Need 8 more academic science credits

Carleen P. Van Siclen
Signature

11/10/16
Date

Current Licensure Information:

License Number	TN40213
Specialties	M,S,C,H,I,MP
1 st License Issued	02/12/2008
License expired	08/31/18

Florida Department of Health
MQA/Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bldg C-07 • Tallahassee, FL 32399-1701
Express mail address: 4042 Bald Cypress Way - Suite 305
PHONE: 850/245-4355 • FAX 850/922-8876

**Accredited Health Department**
Public Health Accreditation Board

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Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

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

November 8, 2016

MEMORANDUM

TO: Carleen Van Siclen, Board of Clinical Laboratory Personnel
FROM: Austin Fletcher, Regulatory Specialist II
RE: Lerene Archer
DATE: November 8, 2016

Ms. Archer has applied for an upgrade from Technologist to Supervisor in all of the generalist areas as well as Blood Banking under option 3a. Transcripts were submitted from the University of Cincinnati and Keiser University reflecting Bachelor's in Medical Laboratory science from Cincinnati and an associate from Keiser in Medical Laboratory Technology. She is currently certified with American Medical Technologists. Ms. Archer has fulfilled all of the requirements for licensure under option 3a, except the academic science requirement.

- **Our office is unable to determine if Ms. Archer meets the education requirements as listed in Rule 64B3-5.002 F.A.C.**

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

Your response is requested by November 15, 2016 assist us with the board agenda deadline.

☐ Approve Application

☐ Full Board Review Requested

☐ Appearance required -OR- ☐ Appearance not required

Comments: _____

Signature

Date

Current Licensure Information:

License Number	TN40213
Specialties	M,S,C,H,I,MP
1st License Issued	02/12/2008
License expired	08/31/18

Florida Department of Health

MQA/Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin C-07 • Tallahassee, FL 32399-1701
Express mail address: 4042 Bald Cypress Way – Suite 305
PHONE: 850/245-4355 • FAX 850/922-8876



Accredited Health Department
Public Health Accreditation Board

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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 Technologist
Profession Number:	6601 - Clinical Laboratory Personnel
License Number:	40213
Application:	Upgrade from Technologist to Supervisor
Application Date:	09/19/2016

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, Immunohematology, 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:	LERENE
Middle/Second Name:	VICTORIA
Last Name/Surname:	ARCHER
Birthdate:	03/21/1983

Gender: Female

Race: Black

Social Security Number:

Addresses

Main Address

Address: 7031 Marlberry Ln
BROWARD
TAMARAC, FL
33321
US

Phone Number: (407) 437-4446

Extension:

E-mail Address: vickie_dgurl@yahoo.com

Home

Fax

Primary Location

Address: 7800 Sheridan street
BROWARD
PEMBROKE PINES, FL
33024
US

Phone Number: (954) 883-8444

Extension:

Education History 1

School Name: KEISER COLLEGE
Attended From (mm/dd/yyyy): 05/31/2004
Attended To (mm/dd/yyyy): 06/30/2006
Date of Graduation (mm/dd/yyyy): 06/30/2006
City: Fort Lauderdale
State: FLORIDA
Country: UNITED STATES OF AMERICA

Education History 2

School Name: University Of Cincinnati
Attended From (mm/dd/yyyy): 06/10/2010

Attended To (mm/dd/yyyy): 12/13/2014
Date of Graduation (mm/dd/yyyy): 12/14/2014
City: Cincinatti
State: OHIO
Country: UNITED STATES OF AMERICA

Education History 3

School Name: Ultrasound Diagnostics
Attended From (mm/dd/yyyy): 06/30/2002
Attended To (mm/dd/yyyy): 02/18/2003
Date of Graduation (mm/dd/yyyy): 03/15/2003
City: Fort Lauderdale
State: FLORIDA
Country: UNITED STATES OF AMERICA

Vocational / Training Program

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

Program Name: Bachelor of Science Medical Lab science
City: Cincinatti
State: OHIO
Attended From (mm/dd/yyyy): 06/10/2010
Attended To (mm/dd/yyyy): 12/14/2014
Completion Date (mm/dd/yyyy): 12/13/2014

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

Provider Number: 5010293

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: **Media Lab compliance and CE**
Course Number/Title: **459723**
Date Completed: **12/15/2015**
Employment History
Name of Business: **Memorial Regional Hospital**
Street Address Line 1: **3501 Johnson St**
City: **Hollywood**
State: **FLORIDA**
Zip Code: **33021**
Employment From (mm/dd/yyyy): **04/25/2013**
Employment To (mm/dd/yyyy): **05/04/2015**

National Certification Examination

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

Name of National Certification Examination: **American Medical Technologist**

Examination Date: **01/10/2003**

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?

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? **No**

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	Yes
Serology/Immunology	Yes
Clinical Chemistry	Yes
Hematology	Yes
Immunohematology	Yes
Blood Banking (Donor Processing)	Yes
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 3b

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: Lerene V. Archer

HMQACB

APPLICANT SIGNATURE:

6601
39588

SEP 26 2016

HMQACB

SEP 26 2016

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I affirm that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083, and 775.084, Florida Statutes.

I hereby authorize all hospitals, institutions, organizations, my references, personal physicians, employers (past and present), and all government agencies and instruments (local, state, federal, or foreign) to release to the Department of Health any information, files and/or records requested by the Department of Health in connection with the processing of this application. I further authorize the Department of Health to release to the organization, individuals, and groups listed above any information which is material to my application.

I understand that Florida law requires me, as an applicant for licensure, to supplement my application after it has been submitted with any material change in circumstances or conditions which might affect the Board of Clinical Laboratory Personnel's decision concerning my eligibility for licensure (Section 456.013, Florida Statutes). Failure to do so may result in denial of licensure and/or other action by the Board of Clinical Laboratory Personnel.

I further affirm that I have carefully read the questions in the foregoing application and have answered them completely without reservation of any kind and I declare that the answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I understand that such action shall constitute cause for denial, suspension, or revocation of the license for which I am applying.

I also affirm that I will comply with all requirements for licensure renewal in effect at the time of licensure renewal, including submission of appropriate renewal fees and completion of required continuing education credits.

I understand that an incomplete application shall expire one year after initial filing with the Department of Health as stated in Section 456.013(1)(a), Florida Statutes.

[Signature]
(Signature of Applicant)

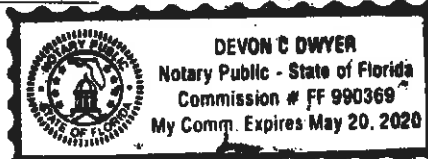
09/19/2016
(Date)

Before me, personally appeared LERENE V. ARCHER, whose identity is known to me by FL/DH (type of identification) and who, under oath, acknowledges that his signature appears above.

Sworn to and subscribed before me this 19th day of Sept., 20 16.

My Commission Expires: MAY

NOTARY PUBLIC



*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.

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

HMQACE
 SEP 26 2016

VERIFICATION OF LABORATORY EXPERIENCE

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

APPLICANT NAME: Archer Lerene Victoria
 (Last) (First) (Middle)

EMPLOYER NAME: Memorial Hospital Pembroke

MAILING ADDRESS: 7800 Sheridan St Pembroke Pines FL 33024
 (Street and Number) (Apt. #) (City) (State) (Zip)

TELEPHONE: 954 883-8444 **CLIA#:** #10D0278143
 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: 05/2015 To: 01/2016 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 /
X	Serology/Immunology	MONO TEST, RAPID HIV, HCG QUANT. + QUAL.	4/28/2015 to PRESENT
X	Clinical Chemistry	COMPLETE METABOLIC PANELS, LIVER PANEL, THYROID, TOM, UDDA, CARDIAC PROFILE, OBSTETRIC	4/28/2015 to PRESENT
X	Hematology	LIPID PROFILE, CBC, PT/PTT, FIBRINOGEN, D-DIMER, PEA, RESIC	4/28/2015 to PRESENT
X	Immunohematology	COAGULATE, LACTATE DEHYDROGENASE, BSE CELL COUNT, BODY FLUID CELL COUNT, TYPE + SCREEN, ABG/CH, Antibody ID, phenotyping	4/25/2015 to PRESENT
	Blood Banking/Donor Processing	CROSS MATCHING, DAT	/ 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.

MARIA DIANA LAZARO
 Print Name (Laboratory Supervisor/Director/Personnel Director)

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

LAB. SUPERVISOR

01/07/16
 Title
 Date

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: Archer Lerene Victoria HMSACB
 (Last) (First) (Middle)

EMPLOYER NAME: Memorial Regional Hospital

MAILING ADDRESS: 3501 Johnson St. Hollywood FL 33021
 (Street and Number) (Apt. #) (City) (State) (Zip)

TELEPHONE: 850 265-5070 **CLIA#:** _____
 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: 4/25/13 To: 5/2/15 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 /
	Clinical Chemistry		/ to /
	Hematology		/ to /
X	Immunohematology	TYPE, screen, crossmatch, anti body identification, antigen typing, component preparation, eluates	04/2013 to 05/2015
	Blood Banking/Donor Processing	instrument maintenance, quality control of reagents, Kleihauer Betke, fetal bleed screens, cord bloods, Hgb. Screen Hemoglobin S testing	/ 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.

Angela Burton
 Print Name (Laboratory Supervisor/Director/Personnel Director)

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

Asst. Supervisor Blood Bank
 Title
1/7/16
 Date

OBJECTIVE: To secure a challenging and rewarding position as a Medical Technologist that will provide an opportunity for professional growth and advancement.

EDUCATION: **University of Cincinnati, Cincinnati, Ohio**

Bachelors of Science, Medical Laboratory Science, December, 2014

Keiser University, Fort Lauderdale, Florida

Associate of Science, Medical Laboratory Technology, June 2006

St. Andrew Technical High, Kingston, Jamaica

Biology, Chemistry, Mathematics, English and Home Economics (Diploma 2001)

EXPERIENCE: **Memorial Healthcare System (April, 2013 - Present)**

Automated and manual type and screens using tube and MTS-Gel methodologies. Routine and emergency compatibility testing for red cells transfusions including trauma patients and heart transplants. Antibody identification, extended phenotyping, transfusion reaction investigations, cord blood tests, fetal bleed screens, Kleihauer-Betke (KB) test. Managed Blood component inventory. CBC, body fluid analysis, sedimentation rate, and urinalysis and coagulation studies. Blood gas analysis, automated chemical analysis of serum/plasma. Quality control and maintenance on laboratory analyzers. Inventory management of laboratory reagents.

Clinical rotations (May 2014-July 2014): Microbiology; gram stains, specimen processing, bacterial culture and susceptibility, Parasitology and serological tests, fungal cultures (chemical and microscopic identifications). Chemistry; automated chemical analysis of patient's plasma/serum and body fluids. Urinalysis; chemical and microscopic analysis of urine and some serology. Observed and assisted with immunochemistry and sweat test.

Oneblood Inc. (Immunohematology Reference Laboratory and Nemours Children's Hospital Blood Bank) (September, 2007-April 2013)

ABO/Rh and antibody screens by solid phase technology, MTS-Gel and manual tube methods. Routine and emergency compatibility testing for red cells transfusions. Resolved simple to complex serological problems with regards to red cell antibodies, ABO and Rh discrepancies. Acid elutions, adsorptions, extended phenotyping, transfusion reaction investigations. Component preparation to include washing and deglycerization of frozen red cells

North shore Medical (FMC campus) (September, 2006 - March, 2011)

Phlebotomy and sample processing (Sept 2006-Feb 2007). CBC, manual differentials, body fluid analysis (automated and manual), coagulation studies

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SEP 26 2016

(PT/INR, APTT, mixing studies, D-Dimer, fibrinogen and FDP), automated and microscopic analysis urine and some serology.

Integrated Regional Laboratories (May, 2005 - December, 2007)

Lab Assistant (May, 2005-Dec, 2006): Phlebotomy and specimen processing.

Microbiology Technician (Dec, 2006-Dec, 2007): Specimen processing and plating, gram stains, decontamination and set up of samples for TB cultures.

Blood culture processing (gram stains and plating positive cultures) Called and documented critical results as required and performed Quality control essential to work area. Some serology

RESEARCH:

University of Cincinnati Capstone research project 2014:

Autoimmune Disease and its Effects on Pregnancy

Assisted in topic selection, research material, edited and presented the information to a group of laboratory professionals.

**CERTIFICATES/
LICENSES:**

Florida State License in all areas of Medical Technology

American Medical Technologist (AMT) certification

PROFESSIONAL REFERENCE:

Available upon request

Anderson Continuing Education

certifies completion of

Henry's Clinical Diagnosis and Management by Laboratory Methods

21st Edition, Chapters 1, 6, 7, 12, and 70, Section A

Lerene Archer

Name

FL TN40213

State License Number

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SEP 26 2016

Completed on 7/28/2016 for 12 contact hours.

Anderson Continuing Education is an approved accrediting agency with the
California Department of Public Health,
Accrediting Agency Registration #0120, Course #317.

Anderson Continuing Education is approved as a provider of continuing education
by the Florida Board of Clinical Laboratory Personnel, Provider #50-2211.
This course meets the Florida requirement to earn one contact hour
in administration/supervision.

Anderson Continuing Education is approved as a Provider of continuing education
programs in the clinical laboratory sciences by the Clinical Laboratory Personnel
Committee to the Louisiana State Board of Medical Examiners,
providership number CLPC00030.

Robert D. Anderson

Anderson Continuing Education
P.O. Box 276297, Sacramento, CA 95827-6297
1 800 532-2332, www.andersonCE.com

Florida Personnel: Please safeguard this original certificate for four years. If, at a later date, the Board requests your certificate, send the original and keep a copy for your records.

Anderson Continuing Education

certifies completion of

Henry's Clinical Diagnosis and Management by Laboratory Methods

21st Edition, Chapters 9, 10, 13, and 64, Section B

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SEP 26 2016

Lerene Archer

Name

FL TN40213

State License Number

Completed on 8 / 1 / 2016 for 13 contact hours.

Anderson Continuing Education is an approved accrediting agency with the
California Department of Public Health,
Accrediting Agency Registration #0120, Course #318.

Anderson Continuing Education is approved as a provider of continuing education
by the Florida Board of Clinical Laboratory Personnel, Provider #50-2211.
This course meets the Florida requirement to earn one contact hour in administration/supervision.

Anderson Continuing Education is approved as a Provider of continuing education
programs in the clinical laboratory sciences by the Clinical Laboratory Personnel
Committee to the Louisiana State Board of Medical Examiners,
providership number CLPC00030.

Robert D. Anderson

Anderson Continuing Education
P.O. Box 276297, Sacramento, CA 95827-6297
1 800 532-2332, www.andersonCE.com

Florida Personnel: Please safeguard this original certificate for four years. If, at a later date, the Board requests your certificate, send the original and keep a copy for your records.

This is to certify that:

Lerene Archer

has successfully completed the course:

HIV Safety for Florida

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 12/23/2015

Assignment#: 9121371

Content: Complete

Participant's Florida License Number: TN40213

FL CE Broker Course ID: 459723

HMQACE

SEP 26 2016

My signature below certifies that I have taken and completed this course without outside assistance.

Signature of student (employee)

Date

Continuing Education Credits

- Florida Board of Clinical Laboratory Science CE - HIV/AIDS: 1

Florida Board of Clinical Laboratory Science CE - HIV/AIDS

This course provides 1 hour(s) of Florida Board of Clinical Laboratory Science CE credit that fulfills the requirement for HIV/AIDS training.

This is to certify that:

Lerene Archer

has successfully completed the course:

Medical Error Prevention: Patient Safety

Provider Name: MediaLab, Inc.
ASCLS P.A.C.E. Provider #578
Florida Board of Clinical Laboratory Personnel Provider #50-10293

Date Completed: 12/23/2015

Assignment#: 9121374

Content: Complete

Participant's Florida License Number: TN40213

FL CE Broker Course ID: 463910

My signature below certifies that I have taken and completed this course without outside assistance.

Signature of student (employee)

Date

Continuing Education Credits

- P.A.C.E. Contact Hours: 2
- Florida Board of Clinical Laboratory Science CE - Medical Errors: 2

P.A.C.E. Contact Hours

Course Number: 578-012-11

This program is approved for 2 P.A.C.E.® contact hours.



Paul Fekete, MD, Program Administrator
MediaLab Inc. (Provider #578)
242 S. Culver St, Suite 300, Lawrenceville, GA 30046
www.MediaLabInc.net | www.LabCE.com

P.A.C.E.®

American Society for Clinical Laboratory Science
1861 International Drive, Suite 200, McLean, VA 22102

MediaLab is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program.

California Accrediting Agency (CAA) #0001

Florida Board of Clinical Laboratory Science CE - Medical Errors

This course fulfills 2 hours toward the Florida Board of Clinical Laboratory Science requirement in Medical Errors.

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SEP 26 2016

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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

November 21, 2016

Lerene Victoria Archer
7031 Marlberry Lane
Tamarac, Florida 33321

Re: Lerene D. Archer

Dear Ms. Archer:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

A handwritten signature in black ink that reads "Karen Miller".

Karen Miller
Administrative Assistant

/klm



CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

**Scroll down to see the available pages or
advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

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

November 4, 2016

B. May

MEMORANDUM

TO: Members of Board of Clinical Laboratory Personnel
FROM: Austin Fletcher, Regulatory Specialist II
RE: Yeni Baez
DATE: November 4, 2016

Ms. Baez has applied for a Technologist license in the specialty area of Microbiology. She is certified in Microbiology from the American Society for Clinical Pathology. Transcripts were submitted from University of South Florida reflecting a Bachelor's of science in Microbiology. Ms. Baez has filed a variance for the Experience/training requirement within option one.

- **Our office is unable to determine if Ms. Baez meets the training/experience requirements as listed in Rule 64B3-5.003 F.A.C.**

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

Thank you for your assistance.

Licensure Information: Not currently licensed.

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.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

November 4, 2016

Yeny Baez Baez
3646 Sugarcreek Dr
Tampa
Tampa, FL 33619

Dear Ms. Baez:

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 referral reason.

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 245-4444 or e-mail Austin.Fletcher@flhealth.gov.

Sincerely,

Austin Fletcher
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

C: 6601
F: 48775

Yeny Baez
3646 Sugarcreek dr
Tampa FL, 33619
(813)458-6906

FILED
Department Of Health
Deputy Clerk

CLERK
DATE

Linda Leonard

10.27.16

OCT 27 2016

October 19th, 2016

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

Regarding the Petition of Waiver for Rule 64B3-5.003

Dear Board of Clinical Laboratory Personnel:

I recently applied for the Florida License of Technologist in Microbiology. I am requesting a waiver for rule 64B3-5.003. Under the Florida Administrative Code (option 1), which set forth education, training/experience, and certification.

I have completed a Bachelor degree of Science in Microbiology from the University of South Florida, and have also completed a Certification from ASCP Board as a Technologist in Microbiology.

I have almost four years of experience working as Specimen Technician II at Quest Diagnostics, where I worked under the Microbiology /Molecular Micro Department assisting technologist in multiple test. Although, based on the job position, I was not allowed to run any of these tests.

However, I became very familiar with many of these tests by observation but I was able perform several of the tests later in time, during my Microbiology and Determinative Bacteriology laboratory classes.

I would like to request this petition because I believe I can serve my community in a much greater way, and to contribute with our Public Health to the best of my ability.

Thank you for considering this request for waiver of rule 64B3-5.003, I am certainly looking forward to hearing back from you. Please feel free to reach out to me if any additional information is needed.

Sincerely,

Yeny Baez



TECHNOLOGIST APPLICATION CHECKLIST

FILE # 48775 LICENSE # _____ BOARD RECEIVED DATE: 09/28/2016

NAME Baez, Yari

ALTERNATE NAME(S) _____

APPLICATION _____ OPTION 1

- ☒ (1052) INITIAL TECHNOLOGIST
☐ (3046) ADD SPECIALTY
☐ (1044) UPGRADE TECHNICIAN TO TECHNOLOGIST

() TN SPECIALTIES Microbiology

☒ FEE DUE 100 FEE VALIDATED 100 BALANCE (+/-) 0

☒ ALL PAGES OF APPLICATION RECV - or- MISSING PAGE(S) _____

() OIG/LEIE CHECK CLEAR ☒ YES ☐ NO

() HISTORY INDICATED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	QUESTION # _____
OFFICAL DOCS RECEIVED	<input type="checkbox"/> Yes <input type="checkbox"/> No	DOC ID # _____
SELF EXPLANATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CLEARED BY STAFF	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION _____ DOC ID # _____

() COLL./UNIV./ EVAL: University of South Florida

() DEGREE: Bachelors in Microbiology

() TRAINING PROGRAM: N/A DOC ID # _____

☒ 1 HR HIV/AIDS DOC ID # _____

☒ 2 HR MEDICAL ERRORS DOC ID # _____

() 48 HOURS CE SUPERVISION/MANAGEMENT (HISTOLOGY) DOC ID # _____

EXAM- () GENERALIST or SPECIALTIES: Microbiology DOC ID # _____

() NATL EXAM: ASCP MLS AMT _____ AAB _____ ABHI _____

EXPERIENCE Variance DOC ID # _____

() EMPLMT VERF: SPECIALTIES _____ YRS _____

ADD. EXP NEEDED _____

LICENSURE VERIFICATION N/A DOC ID # _____

() STATE(S) _____ DISCIPLINE? _____ YES _____ NO

NOTES

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
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Application Summary

Application Detail

License Type:	Clinical Laboratory Technologist
Profession Number:	6601 - Clinical Laboratory Personnel
File Number:	48775
Application:	Technologist License Application
Application Date:	09/28/2016

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 AND/OR Immunohematology)?	Yes
Are you applying for Blood Banking (Donor Processing)?	No
Are you applying for Cytology?	No
Are you applying for Cytogenetics?	No
Are you applying for Molecular Pathology?	No
Are you applying for Andrology AND/OR Embryology?	No
Are you applying for Histology?	No
Are you applying for Histocompatibility?	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:	Yeny
Middle/Second Name:	Baez

Last Name/Surname: **Baez**
Alternate Name(s): **Yeny Baez Solano**
Birthdate: **11/15/1984**
Gender: **Female**
Race: **Hispanic**
Social Security Number:

Addresses

Main Address

Address: **3646 Sugarcreek Dr**
Tampa
HILLSBOROUGH
Tampa, FL
33619
US

Phone Number: **(813)458-6906**

Extension:

E-mail Address: **yenybs123@yahoo.com**

Home **(813)620-4723**

Fax

Primary Location

Address: **NOT PRACTICING**

Education History

School Name: **University of South Florida**
Date of Graduation (mm/dd/yyyy): **12/12/2015**
City: **Tampa**
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. **No**

I will complete 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., within 6 months of being issued a license. A copy of an affidavit showing good cause for not yet completing the course must be submitted to the board office by mail prior to issuance of a permanent license. **Yes**

Employment History

Name of Business: **Quest Diagnostics**
Street Address Line 1: **4225 E Fowler ave**
City: **Tampa**
State: **FLORIDA**
Zip Code: **33617**
Employment From (mm/dd/yyyy): **08/18/2008**
Employment To (mm/dd/yyyy): **06/01/2012**

National Certification Examination

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

Name of National Certification Examination: **Technologist in Microbiology**

Examination Date: **08/17/2016**

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?

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.

Technologist Generalist

Microbiology	Yes
Serology/Immunology	No
Clinical Chemistry	No
Hematology	No
Immunohematology	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 1:

Bachelors Degree (or higher) in Clinical Laboratory, Chemical, or Biological Science
Clinical laboratory training program*

OR 3 years experience with a minimum of 6 months in each specialty for
which licensure is sought

One or more of the following certifications: MLS(ASCP), MT(ASCPi), MT(AMT), MT(AAB),
NRCC examinations or specialist examinations in single discipline for licensure in that specialty
area

Option 2:

90 semester hours college credit

Clinical laboratory training program*

One or more of the following certifications: MLS(ASCP), MT(ASCPi),
MT(AMT), MT(AAB), or specialist examinations in single discipline for
licensure in that specialty area

Option 3:

Associate Degree in Clinical/Medical Laboratory Technology
Training/experience as required by certifying body**

MT(AAB) examinations, including specialist examinations, in single
disciplines for licensure in that specialty area

Option 4a:

Associate Degree

Successfully completed a Department of Defense clinical laboratory
training program

MT(AAB) examinations, including specialist examinations, in single
disciplines for licensure in that specialty area

Option 4b:

Associate Degree

5 years of pertinent clinical laboratory experience with one year of
experience in each specialty area for which licensure is sought

MT(AAB) examinations, including specialist examinations, in single
disciplines for licensure in that specialty area

Select an option:

Option 1

* Board of Clinical Laboratory Personnel Training Program, NAACLS, CAAHEP & ABHES.

** No additional documentation of TRAINING/EXPERIENCE is required to be submitted with the
application as the board accepts the national certification requirements.

Fees

Technologist App Fee	\$50.00
Technologist Lic Fee	\$45.00

Unlicensed Activity

\$5.00

Total Amount Due:

\$100.00

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.

HMQACB

NAME: _____

Yeny Baez

OCT 27 2016

APPLICANT SIGNATURE:

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I affirm that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083, and 775.084, Florida Statutes.

I hereby authorize all hospitals, institutions, organizations, my references, personal physicians, employers (past and present), and all government agencies and instruments (local, state, federal, or foreign) to release to the Department of Health any information, files and/or records requested by the Department of Health in connection with the processing of this application. I further authorize the Department of Health to release to the organization, individuals, and groups listed above any information which is material to my application.

I understand that Florida law requires me, as an applicant for licensure, to supplement my application after it has been submitted with any material change in circumstances or conditions which might affect the Board of Clinical Laboratory Personnel's decision concerning my eligibility for licensure (Section 456.013, Florida Statutes). Failure to do so may result in denial of licensure and/or other action by the Board of Clinical Laboratory Personnel.

I further affirm that I have carefully read the questions in the foregoing application and have answered them completely without reservation of any kind and I declare that the answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I understand that such action shall constitute cause for denial, suspension, or revocation of the license for which I am applying.

I also affirm that I will comply with all requirements for licensure renewal in effect at the time of licensure renewal, including submission of appropriate renewal fees and completion of required continuing education credits.

I understand that an incomplete application shall expire one year after initial filing with the Department of Health as stated in Section 456.013(1)(a), Florida Statutes.

Baez
(Signature of Applicant)

10-01-2016
(Date)

Before me, personally appeared Yeny Baez, whose identity is known to me by FDL (type of identification) and who, under oath, acknowledges that his signature appears above.

Sworn to and subscribed before me this 1st day of October, 20 16.

Margaret Stouil NOTARY PUBLIC
My Commission Expires: 1/27/2017



MARGARET K. STOUIL
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE888785
Expires 1/27/2017

*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.

CE for Health Care Professionals - Florida

P.O. Box 10672
Toll-free 866-681-6777

Tallahassee, Florida 32302
www.CEforHealthCareProfessionals.com

Certifies that:

Yeny Baez

Florida License Number: TN Applicant

has successfully completed the following continuing education home study course:

Update on HIV/AIDS (1 hour)

Approved CE Provider 50-312, Florida Board of Clinical Laboratory Personnel

Florida CE Broker Course Tracking #: 20-73360

Approved CE Provider No. 50-312

HMQACB
OCT 27 2016

October 21, 2016

Sandra E. Allen

ate

Sandra E. Allen, President CE for Health Care Professionals

The Florida Board of Clinical Laboratory Personnel rule requires you to keep a copy of this Certificate in your records for 4 years.

CE for Health Care Professionals - Florida

P.O. Box 10672
Toll-free 866-681-6777

HMQACB

OCT 27 2016

Tallahassee, Florida 32302
www.CEforHealthCareProfessionals.com

Certifies that:

Yeny Baez

Florida License Number: TN Applicant

has successfully completed the following continuing education home study course:

Prevention of Medical Errors for Florida Clinical Laboratory Personnel (2 hours)

Approved FL CE Provider No. 50-312, Approved Provider Board Clin. Lab. Personnel

Florida CE Broker Course Tracking #: 20-73365

Approved CE Provider No. 50-312

October 20, 2016

Sandra E. Allen

ate

Sandra E. Allen, President CE for Health Care Professionals

The Florida Board of Clinical Laboratory Personnel rule requires you to keep a copy of this Certificate in your records for 4 years.

Mission:

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Rick Scott
Governor

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Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

November 21, 2016

Yeny Baez
3646 Sugarcreek Drive
Tampa, Florida 33619

Re: Yeny Baez

Dear Mr. Baez:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

Karen Miller
Administrative Assistant

/klm

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

**Scroll down to see the available pages or
advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

Mission:

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Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

B. Gray

MEMORANDUM

TO: Members of Board of Clinical Laboratory Personnel
FROM: Nicole Wiley, Regulatory Specialist II
RE: Brianna Jo Brown
DATE: October 18, 2016

Ms. Brown has applied for a Clinical Lab Trainee in the areas of generalist. Ms. Brown has indicated criminal history on page 5, question 10. She is currently on criminal probation and has not satisfied the requirements of her offense.

- Our office is unable to determine if Ms. Brown meets the requirements as listed in Rule 64B3-4.001 F. A. C.

Please review the application and supporting documentation to determine if it meets the requirements of Rule 64B3-4.001, F.A.C.

Thank you for your assistance.

Licensure Information: Not currently licensed.



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Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

October 18, 2016

Brianna Jo Brown
680 92nd Ave N
Naples, FL 34108

Dear Ms. Brown:

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 criminal history.

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 or e-mail Nicole.Wiley@flhealth.gov.

Sincerely,

Nicole Wiley
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 Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 31, 2016

Brianna Jo Brown
680 92nd Ave N
Naples, FL 34108

HMQACB

Reference: Florida Licensure Application

SEP 09 2016

Dear Ms. Brown:

We have determined your application cannot be approved by Board Staff for the following reason: due to your criminal history.

Therefore, the Board Staff 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 September 8, 2016.

HMQACB

☒ I waive the 90-day statutory review requirement. I am asking that you schedule my application for review at the next board meeting on December 2, 2016.

SEP 09 2016

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)245-4355 ext. 3619, or e-mail kerl.kilgore@flhealth.gov.

Sincerely,


Kerl Kilgore
Regulatory Specialist II



TRAINEE APPLICATION CHECKLIST

FILE # 9584 LICENSE # _____

NAME Branna Jo Brown

BOARD RECEIVED DATE: 7-22-2016

APPLICATION

(☒) TRAINEE SPECIALTIES M, S, H, I, C

(☒) FEE DUE 45 FEE VALIDATED yes BALANCE 0

(☒) ALL PAGES OF APPLICATION RECEIVED (3) - OR - () MISSING _____

(☒) S.S.N

(☒) OIG/LEIE CHECK ☒ Yes ☐ No
<http://exclusions.oig.hhs.gov/>

(☒) HIV/AIDS COMPLETED ☒ WITHIN THE TRAINING PROGRAM ☐ CE BROKER

() HIV/AIDS EXTENSION ☐ Yes ☒ No

(☒) HISTORY INDICATED
OFFICAL DOCS RECEIVED ☒ Yes ☐ No
SELF EXPLANATION ☒ Yes ☐ No
CLEARED BY STAFF ☒ Yes ☐ No

QUESTION # 10

EDUCATION

DOC ID # _____

() HIGH SCHOOL DIPLOMA | () G.E.D. | (☒) COLLEGE/UNIVERSITY TRANSCRIPTS

Florida Gulf Coast University

TRAINING PROGRAM

() TRAINING PROGRAM # 260 TRAINING PROGRAM NAME Florida Gulf Coast University
() ROSTER _____
() ENROLLMENT DATE 8-26-2016
() GRADUATION DATE 04-30-2017

NOTES

Last Documents/Completion Date: _____



07/21/2016 45.00
ID: 9584 Type: F
BT: 3001480
R#: 916003635
HMQACB

6602
F9584

CLINICAL LABORATORY TRAINEE

(Client 6602 - Transaction 1010)

FEES: \$45.00

JUL 22 2016

SELECT THE SPECIALTY AREAS TO BE INCLUDED IN TRAINING:

- ☒ Microbiology ☒ Hematology ☐ Cytogenetics ☐ Molecular Pathology
☒ Serology ☒ Immunohematology ☒ Clinical Chemistry ☐ Histocompatibility
☐ Histology ☐ Cytology ☐ Blood Banking (Donor Processing)
☐ Other _____

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

1. NAME: Brown Bianna Jo
(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 ☐ NO

If YES, list provide: _____

2. ADDRESS:
a. MAILING ADDRESS: 680 92nd Ave N Naples FL 34108
(Street and Number) (Apt. #) (City) (State) (Zip)

b. PRIMARY LOCATION: _____
(Street and Number) (Apt. #) (City) (State) (Zip)

c. TELEPHONE: 739 687 6715 _____
Primary: Area Code/Phone Number Business: Area Code/Phone Number

d. EMAIL ADDRESS: brianna.x3140@a1m.com
(Email Notification: If you want to be 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@floridasclinicalabs.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.)

☒ YES ☐ NO

3. TRAINEE LICENSE NUMBER: (If previously licensed) N/A

4. PERSONAL DATA:
a. Date of Birth: 11/28/93
(Month/Day/Year)

b. 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 ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American ☒ Other
SEX: ☐ Male ☒ Female

c. 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
Page 3 of 7



07/21/2016 45.00
 ID: 9584 Type: F
 BT: 3001480
 R#: 916003635
 HMQACB

6602
 F9584

CLINICAL LABORATORY TRAINEE

(Client 6602 - Transaction 1010)

JUL 22 2016

FEES: \$45.00

SELECT THE SPECIALTY AREAS TO BE INCLUDED IN TRAINING:

- ☒ Microbiology ☒ Hematology ☐ Cytogenetics ☒ Molecular Pathology
☒ Serology ☒ Immunohematology ☒ Clinical Chemistry ☐ Histocompatibility
☐ Histology ☐ Cytology ☐ Blood Banking (Donor Processing)
☐ Other _____

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

1. NAME: Brown Bianna Jo
 (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 ☒ NO

If YES, list provide: _____

2. ADDRESS: _____
 a. MAILING ADDRESS: 680 92nd Ave N Naples FL 34108
 (Street and Number) (Apt. #) (City) (State) (Zip)

b. PRIMARY LOCATION: _____
 (Street and Number) (Apt. #) (City) (State) (Zip)

c. TELEPHONE: 239 687 6715 _____
 Primary: Area Code/Phone Number Business: Area Code/Phone Number

d. EMAIL ADDRESS: brianna3140@aol.com
 (Email Notification: If you want to be 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@floridasclicallabs.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.)

☒ YES ☐ NO

3. TRAINEE LICENSE NUMBER: (If previously licensed) N/A

4. PERSONAL DATA:
 a. Date of Birth: 11/28/93
 (Month/Day/Year)

b. 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 ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American ☒ Other
 SEX: ☐ Male ☒ Female

c. 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
 Page 3 of 7



HMQACB

JUL 22 2016

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: Brown Brianna Jo
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

NAME: Brianna Brown

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

HMQACB

JUL 22 2016

PROCEEDINGS and/or ACTIONS

9. 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

If YES, please complete the following:

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

10. 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.

<u>Driving Under Influence Guilty</u>	<u>June 2, 2010</u>			<u>N</u>
(Offense)	(Date: MM/DD/YYYY)	(Jurisdiction)	(Final Disposition)	(Under Appeal? Y/N)
(Offense)	(Date: MM/DD/YYYY)	(Jurisdiction)	(Final Disposition)	(Under Appeal? Y/N)

11. 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:

Branna Brown

HMQACB

18. APPLICANT SIGNATURE:

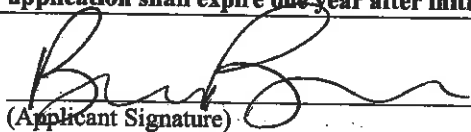
JUL 22 2016

I understand that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083 and 775.084, Florida Statutes.

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.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. 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.

*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.


(Applicant Signature)

7/16/16
(Date)

HMQACB

JUL 22 2016


(Program Director/Education Coordinator Signature)

7/15/16
(Date)

Please make cashier check or money order payable to the Department of Health. Return application and fees to:

Department of Health
Revenue Services
P.O. Box 6330
Tallahassee, FL 32314-6330

(Documents sent separate from application/no money)

Mail all supporting documents/correspondence to:

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

transcripts

DWIGHT E. BROCK

CLERK OF THE CIRCUIT COURT
NAPLES, FLORIDA

RECEIPT

698706

Printed on:
08/13/2015 1:31 PM
Page 1 of 1

HMQACB

Receipt Number: 698706 - Date 08/13/2015 Time 1:31 PM			
Received of:	BRIANNA BROWN 680 92ND AVE N Naples, FL 34108	AUG 26 2016	
Cashier #:	mxgcol	Balance Owed:	270.00
Cashier Location:	Traffic Counter	Total Amount Paid:	270.00
Receipt ID:	1649640	Remaining Balance Owed:	0.00
Division:			
Case# 11-2015-MM-000486-AXXX-XX - Defendant: Brown, Brianna Jo			
Item	Balance	Paid	Bal Remaining
Fees	270.00	270.00	0.00
Case Total	270.00	270.00	0.00
Payments:			
Type:	Ref#:	Amount:	
CASH		270.00	
Total Received			270.00
Total Paid			270.00

HMQACB

AUG 26 2016

I, Dwight E. Brock, Clerk of Courts in and for Collier County, do hereby certify that the above instrument is a true and correct copy of the original which is on file in my office in the courthouse in Naples, Collier County, Florida

Witness under my hand and seal this 23rd day of August 2016

DWIGHT E. BROCK, CLERK

By: *[Signature]* Deputy Clerk

AUG 26 2016

Case Number: 11-2015-CF-002102-AXXX-XX		
Defendant: Brianna Jo Brown		
Division: None		
SA Number:		
Effective Date	Count	Description
11/16/2015	1	Citation # 0877RSS for 316.1935(2) issued on 11/14/2015 by Collier County Sheriff Office
11/16/2015		Booking Sheet
11/16/2015	1	Principal 316.1935(2) Flee, Attempt To Elude Leo With Lights Sirens Activated
11/16/2015	2	Principal 316.193(2)(A)1A Dui 1st Offense
11/16/2015		Set on Arraignment docket 12/7/2015 beginning at 8:15 AM Hardt, Frederick R (see notice of hearing for actual hearing time)
11/16/2015		Jail Arrest Card
11/16/2015		Certificate of Compliance Jessica Lunsford Act
11/16/2015		JIS Certificate
11/16/2015		Notice of Confidential Information Within Court Filing
11/16/2015		Record of 1st Appearance
11/16/2015	1	Surety Bond by 1st Out Bail Bonds - Robert Linares for \$20,000.00; Ac15-063009
11/16/2015	2	Surety Bond by 1st Out Bail Bonds - Robert Linares for \$5,000.00; Aa15-291334
11/17/2015		Driving Record
11/18/2015	2	Citation # A0ZWQYP for 316.193(2)(a)1a issued on 11/14/2015 by Collier County Sheriff Office
12/02/2015		E-filed Information/Notice to Clerk
12/02/2015		Information/Indictment/Petition Filed On Counts
12/02/2015	1	316.1935(2) Flee, Attempt To Elude Leo With Lights Sirens Activated
12/02/2015	2	316.193(2)(A)1A Dui 1st Offense
12/02/2015		Notice to Clerk
12/03/2015		Notice of Appearance from Miller, Landon Parnell, Plea of Not Guilty, Request for Trial, Non Jury Trial or Hearing and Initial Pleadings
12/03/2015		Waiver of Appearance
12/07/2015		Defendant Not Present
12/07/2015	1	Pled Not Guilty
12/07/2015	2	Pled Not Guilty
12/07/2015		Continued to 1/28/2016 9:00 AM Case Management Conference (PD/ProSe) Brodie, Lauren L

Case Number: 11-2015-CF-002102-AXXX-XX		
Defendant: Brianna Jo Brown		
Division: None		
SA Number:		
Effective Date	Count	Description
12/07/2015		Notices Printed/Electronically Sent HMQACB
12/07/2015		Notice to Appear
12/23/2015		Jessie Singh Dhaliwal - Notice Returned Undeliverable AUG 26 2016
01/12/2016		Motion to Consolidate
01/20/2016		Per Judge's Calendar Motions For Consolidation, To Waive Late Fees And To Set Aside D-6
01/20/2016		Set on Hearing docket 1/25/2016 beginning at 9:00 AM Brodie, Lauren L (see notice of hearing for actual hearing time)
01/21/2016		Cancelled Hearing on 1/25/2016 9:00:00 AM due to per Judge's office HMQACB
01/21/2016		Notice of Hearing for Motion To Consolidate
01/21/2016		Notice of Cancellation of Hearing AUG 26 2016
01/28/2016		Waiver of Speedy Trial
01/28/2016		Request of Defense
01/28/2016		Continued to 2/29/2016 1:30 PM Case Management Conference (Private Attorney) Brodie, Lauren L
01/28/2016		Notices Printed/Electronically Sent
01/28/2016		Notice to Appear
01/28/2016		Answer to Demand for Discovery/Discovery Disclosure
01/28/2016		Case Management Conference Order
02/29/2016		Waiver of Speedy Trial
02/29/2016		Request of Defense
02/29/2016		Continued to 5/10/2016 10:30 AM Pre-Trial (Private Attorney) Greider, Christine
02/29/2016		Notices Printed/Electronically Sent
02/29/2016		Notice to Appear
02/29/2016		Case Management Conference Order
03/02/2016		Notice of Taking Deposition
04/01/2016		Per Administrative Order, case reassigned to Judge Greider, Christine
05/10/2016		Continued to 6/2/2016 10:00 AM Hearing Greider, Christine
05/10/2016		Notices Printed/Electronically Sent
05/10/2016		Notice to Appear
05/10/2016		For A Plea

Case Number: 11-2015-CF-002102-AXXX-XX

Defendant: Brianna Jo Brown

Division: None

SA Number:

Effective Date	Count	Description
05/10/2016		Pretrial Conference Order
05/17/2016		Cancelled Hearing on 6/2/2016 9:00:00 AM due to reset for 10:00 a.m.
06/02/2016		Certificate of Discharge of Bond
06/02/2016	1	NOTICE OF NOLLE PROSEQUI
06/02/2016		Certificate of Discharge of Bond
06/02/2016	2	Pled No Contest
06/02/2016	2	Adjudicated Guilty
06/02/2016	2	Probation 1 Year
06/02/2016	2	County
06/02/2016	2	Conditions to be completed within 11 months
06/02/2016	2	Impoundment of vehicle 10 days
06/02/2016	2	DUI school; appropriate phase
06/02/2016	2	Victim Impact Panel
06/02/2016	2	50 hours Community Service
06/02/2016	2	Alcohol restrictions; no possession/ consumption, no alcohol in residence, not to enter establishments who primarily sell alcohol
06/02/2016	2	Substance abuse evaluation, follow recommendations
06/02/2016	2	Random Breathalyzer/urinalysis
06/02/2016	2	Driver's license suspended for 1 Year - Revocation
06/02/2016	2	\$750.00 Fine + 5%
06/02/2016		\$388.00 Court Costs
06/02/2016		\$100.00 Cost of Prosecution
06/02/2016		Fines and Fees due on 6/2/2017
06/02/2016		Judgment and Sentence
06/02/2016		Plea Form
06/02/2016		Fingerprint Form
06/03/2016		Copy of Judgment
06/06/2016		Paid \$4.00 on receipt 773915, Balance Due: \$1,275.50
06/09/2016		Notice of Impoundment Not Prepared - Defendant is The Owner
06/15/2016		Probation Order
07/07/2016		Paid \$400.00 on receipt 781926, Balance Due: \$875.50
08/04/2016		Paid \$500.00 on receipt 788517, Balance Due: \$375.50

HMQACB

AUG 26 2016

Case Number: 11-2015-CF-002102-XXXX-XX		
Defendant: Brianna Jo Brown		
Division: None		
SA Number:		
Effective Date	Count	Description
08/11/2016		Completed 50 Court Ordered Hours
08/16/2016		Paid \$300.00 on receipt 791297, Balance Due: \$75.50
08/16/2016		Paid \$75.50 on receipt 791301, Fully Paid

HMQACB

AUG 26 2016

HMQACB

AUG 26 2016

I, Dwight E. Brock, Clerk of Courts in and for Collier County, do hereby certify that the above instrument is a true and correct copy of the original which is on file in my office in the courthouse in Naples, Collier County, Florida

Witness under my hand and seal this 23rd day of

AUGUST 2016

DWIGHT E. BROCK, CLERK

By: *[Signature]* Deputy Clerk

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

August 15, 2016

Brianna Jo Brown
680 92nd Ave N
Naples, FL 34108

HMQACB
AUG 26 2016

HMQACB

AUG 26 2016

Dear Ms. Brown:

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

- The below certified court documents are needed for your application file:
 - ✓ ☐ Offense that occurred, November 2015, documentation is needed indicating as you have stated in your written explanation that the specific charges were dropped.
 - ✓ ☐ Offense that occurred, March 2015, documentation is needed indicating the completion of fines.

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 ext. 3619, or by e-mail at keri.kilgore@flhealth.gov

Sincerely,

A handwritten signature in black ink, appearing to read "Keri Kilgore".

Keri Kilgore
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

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Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 15, 2016

Brianna Jo Brown
680 92nd Ave N
Naples, FL 34108

Dear Ms. Brown:

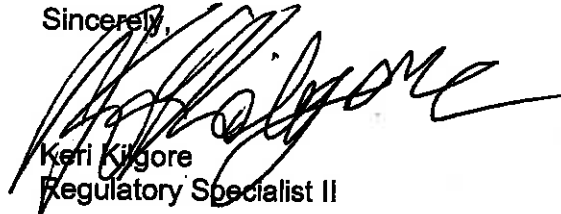
The Clinical Laboratory Personnel was pleased to receive your application for licensure. A review of your file indicates that the following documents are pending:

- The below certified court documents are needed for your application file:
 - Offense that occurred, November 2015, documentation is needed indicating as you have stated in your written explanation that the specific charges were dropped.
 - Offense that occurred, March 2015, documentation is needed indicating the completion of fines.

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 ext. 3619, or by e-mail at keri.kilgore@flhealth.gov

Sincerely,



Keri Kilgore
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



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Public Health Accreditation Board

Kilgore, Keri

From: Kilgore, Keri
Sent: Monday, August 15, 2016 12:58 PM
To: Knight, Savada X
Subject: RE: Criminal History- Trainee application file

Ok, Thank-you
Keri

From: Knight, Savada X
Sent: Monday, August 15, 2016 12:52 PM
To: Kilgore, Keri <Keri.Kilgore@flhealth.gov>
Subject: RE: Criminal History- Trainee application file

Keri,

We will send it to the board , once we receive all the required documents.

Savada Knight, Regulatory Supervisor/Consultant
Department of Health/Division of Medical Quality Assurance/Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way Bin C-07
Tallahassee, FL 32399
Phone: 850-245-4394

How am I communicating? Please contact my supervisor Gail.Curry@flhealth.gov



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

NOTE: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.

From: Kilgore, Keri
Sent: Monday, August 15, 2016 12:31 PM
To: Knight, Savada X <Savada.Knight@flhealth.gov>
Subject: Criminal History- Trainee application file

Savada,

From my review of the trainee application file I was talking with you about regarding criminal history documentation received it appears that documentation is still needed for her file regarding her incident that occurred November 2015 that she is indicating that she was charged with a felony but it was dropped and then for the incident that occurred March 2015 I am not seeing that documentation was submitted indicating completion of her fines.

Just to confirm even if I request and receive the above documentation for the file I will not be able to put the application before the Board for review if she is still currently on Probation.

From the court documentation I have reviewed it appears that she is currently on probation for 1 year from June 2, 2016.

If the application can't go before the Board once the documentation is received is this just according to specifics dealing with just clinical laboratory application files or is this the case if this were to occur with all other professions in our office as well?

Keri

Sincerely,

Keri Kilgore, Regulatory Specialist II

Department of Health / Division of Medical Quality Assurance / Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin #C07

Tallahassee, FL 32399-3257

Phone 850/245-4355, ext.3619

Department's website – www.floridahealth.gov

How am I communicating? Please contact my supervisor: Gail.curry@flhealth.gov

There have been changes to the license renewal process. Please visit www.flhealthsource.gov to learn more.



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Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

HMQA

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Rick Scott
Governor

AUG 08 2

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

July 25, 2016

Brianna Jo Brown
680 92nd Ave N
Naples, FL 34108

HMQACB

Dear Ms. Brown:

HMQACB

AUG 08 2016

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

- **Molecular Pathology is an approved specialty for the training program that you will be enrolling in. Please select this specialty on your application page attached so that you may be licensed in this area.** ✓
- **Please complete the highlighted portion of the enclosed application page and return it to our office with a copy of this letter. (Question #1)** ✓
- **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. 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. To obtain information for continuing education courses, please contact CE Broker @ 1-877-434-6323 or www.cebroker.com. Once the course has been completed, please send a copy of the certificate to the Board Office by mail**
- **You have responded YES to a question regarding a conviction, judgment or disposition to a misdemeanor or felony violation. You are required to provide the following information:**
 - **Applicant Statement: a detailed self-explanation of the circumstances surrounding the event(s), which includes the date(s), jurisdiction(s), and offense(s);** ✓
 - **Official Court Records: certified copies of the official final court disposition obtained from the court house or the clerk of courts;** ✓
 - **Probation/Fines: certified copies of any additional documentation that shows completion of probation and payment of all fines.** ✓

-program director
is said Julie
being this
taken
OK

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.

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

If I may assist you, please contact me at the address below, by telephone (850) 245-4355ext. 3619, e-mail keri.kilgore@flhealth.gov

Sincerely,



Keri Kilgore
Regulatory Specialist II

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Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

July 25, 2016

Brianna Jo Brown
680 92nd Ave N
Naples, FL 34108

Dear Ms. Brown:

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

- **Molecular Pathology is an approved specialty for the training program that you will be enrolling in. Please select this specialty on your application page attached so that you may be licensed in this area.** *received 8-8-16 RL*
- **Please complete the highlighted portion of the enclosed application page and return it to our office with a copy of this letter. (Question #1)** *received 8-8-16 RL*
- **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. 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. To obtain information for continuing education courses, please contact CE Broker @ 1-877-434-6323 or www.cebroke.com. Once the course has been completed, please send a copy of the certificate to the Board Office by mail** *received 8-8-16 RL*
- **You have responded YES to a question regarding a conviction, judgment or disposition to a misdemeanor or felony violation. You are required to provide the following information:**
 - **Applicant Statement:** a detailed self-explanation of the circumstances surrounding the event(s), which includes the date(s), jurisdiction(s), and offense(s);
 - **Official Court Records:** certified copies of the official final court disposition obtained from the court house or the clerk of courts;
 - **Probation/Fines:** certified copies of any additional documentation that shows completion of probation and payment of all fines.

Need more docs.

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) 245-4355ext. 3619, e-mail keri.kilgore@flhealth.gov

Sincerely,



Keri Kilgore
Regulatory Specialist II



College of Health Professions
Division of Health Sciences

July 29, 2016

Board of Clinical Laboratory Personnel
PO Box 6330
Tallahassee, FL 32314-6330

This letter is to confirm that the following students have satisfied their HIV and Medical Errors education requirements for licensure, through completion of our CLS course MLS 3038 Essentials of Clinical Laboratory Science taken this past Summer semester May 9 – July 29.

Student Names

Olamilekan Akinsomisoye
Allison Barker
Melissa Boostedt
Brianna Brown
Grace Doan
Doris Everett
Fernanda Geraides
Shelby Hinds
Walid Hmissa
Johnsly Joseph
Alesha McCoy
Kori Mulholland
Justin Preston
Jessica Ramirez
Victoria Sepulveda
Irina Ukolova
Stephanie Walsh

Thank you!
Sincerely,

A handwritten signature in cursive script that reads 'Julie Zemplinski'.

Julie Zemplinski, MSH, MS, MLS(ASCP)^{CM}
Program Director - Clinical Laboratory Science
College of Health Professions and Social Work
Florida Gulf Coast University
10501 FGCU Blvd. South
Fort Myers, FL 33965-6565
239-590-7453 phone
239-590-7474 fax
jhammer@fgcu.edu

(239) 590-7495 TTY:(239) 590-1450 SUNCOM: 731-7495 FAX: (239) 590-7474 <http://www.fgcu.edu>
10501 FGCU Boulevard South • Fort Myers, Florida 33965-6565

An Affirmative Action Equal Opportunity Employer. • A member of the State University System of Florida



Florida Gulf Coast University
Student Roster 2016 (will be applying in July)

Name	Program Start	Graduation Date
Olamilekan Akinosomisoye	August 17, 2016	May 6, 2017
Allison Barker		
Melissa Boostedt		
Brianna Brown		
Grace Doan		
Doris Everett		
Fernanda Geraldles		
Shelby Hinds		
Walid Hmissa		
Johnsly Joseph		
Alesha McCoy		
Jessica Ramirez		
Victoria Sepulveda		
Irina Ukolova		
Stephanie Walsh		
Kory Mulholland		
Justin Preston		

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Governor

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Surgeon General and Secretary

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November 21, 2016

Brianna Jo Brown
680 92nd Avenue North
Naples, Florida 34108

Re: Brianna J. Brown

Dear Ms. Brown:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

Karen Miller
Administrative Assistant

/klm



CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

**Scroll down to see the available pages or
advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

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Rick Scott
Governor

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Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

TO: Members, Board of Clinical Laboratory Personnel

FROM: Kelly Woodard, Regulatory Specialist II

SUBJECT: Jenny Ginarte Perez

DATE: November 8, 2016

Attached for your review is a copy of the file for the above-referenced applicant. This application was received on March 29, 2016 and is being presented pursuant to information obtained through the application process relating to the Health History. Ms. Ginarte Perez has applied for a Clinical Lab Trainee license in the area of Histology.

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

- **Ms. Ginarte Perez indicated Health History on Page 2 Question 3 and has submitted letter from physician.**

Please review the application and supporting documentation to determine if it meets the requirements of Rule 64B3-4.001, F.A.C.

Thank you for your assistance.

Licensure Information: Not currently licensed.

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

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Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

November 8, 2016

Jenny Ginarte Perez
5135 Nw 4 St
Miami, FL 33126

Dear Ms. Ginarte Perez:

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 referral reason.

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) 488-0595 or e-mail Kelly.Woodard1@flhealth.gov.

Sincerely,

Kelly Woodard
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
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM

TO: Carleen VanSiclen, Board of Clinical Laboratory Personnel
FROM: Nicole Wiley, Regulatory Specialist II
RE: Jenny Ginarte Perez
DATE: October 18, 2016

Ms. Ginarte Perez has applied for licensure as a Clinical Laboratory trainee in the specialty area of histology. Ms. Ginarte Perez has indicated that she has health history on page 2, question 3.

- Our office is unable to determine if Ms. Ginarte Perez meets the requirements as listed in Rule 64B3-4.001 F.A.C.

Please review the application and supporting documentation to determine if it meets the requirements of Rule 64B3-4.001, F.A.C., or if a full Board review is required.

Your response is requested by October 25, 2016 assist us with the board agenda deadline.

☐ Approve Application

☒ Full Board Review Requested

☐ Appearance required -OR- ☒ Appearance not required

Comments: _____

Carleen P. Van Siclen
Signature

10/31/16
Date

Current Licensure Information: Not Currently Licensed

Florida Department of Health

MQA/Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin C-07 • Tallahassee, FL 32399-1701
Express mail address: 4042 Bald Cypress Way – Suite 305
PHONE: 850/245-4355 • FAX 850/922-8876



Accredited Health Department
Public Health Accreditation Board

6602
F9414

03/29/2016 45.00
 ID: 9414 Type: F
 BT: 3018088
 R#: 915047893

CLINICAL LABORATORY TRAINEE

(Client 6602 -- Transaction 1010)

FEES: \$45.00

SELECT THE SPECIALTY AREAS TO BE INCLUDED IN TRAINING:

- ☐ Microbiology ☐ Hematology ☐ Cytogenetics ☐ Molecular Pathology
☐ Serology ☐ Immunohematology ☐ Clinical Chemistry ☐ Histocompatibility
☒ Histology ☐ Cytology ☐ Blood Banking (Donor Processing)
☐ Other _____

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

1. NAME: Ginarte Percy Jenny _____
 (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 ☒ NO

If YES, list provide: _____

(Last)

(First)

(Middle)

2. ADDRESS:

a. MAILING ADDRESS: 5135 NW 46t Miami FL 33126
 (Street and Number) (Apt. #) (City) (State) (Zip)

b. PRIMARY LOCATION: _____
 (Street and Number) (Apt. #) (City) (State) (Zip)

c. TELEPHONE: () 512 769 3160 () _____
 Primary: Area Code/Phone Number Business: Area Code/Phone Number

d. EMAIL ADDRESS: j.ginarte@gmail.com

3. TRAINEE LICENSE NUMBER: (If previously licensed) _____

4. PERSONAL DATA:

a. Date of Birth: 12/29/1982
 (Month/Day/Year)

b. Birth Place: Cuba

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 ☐ Black ☒ Hispanic ☐ Asian/Pacific Islander ☐ Native American ☐ Other

SEX: ☐ Male ☒ 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

NAME: Jenny Ginate Perez

5. EDUCATION INFORMATION:

High School (diploma or GED)/college/university – (Please provide high school(diploma or GED)/college/university education information, whether completed or not, in chronological order).

<u>Universidad Médica Santiago de Cuba</u>	<u>09/-/2000</u>	<u>09/-/2007</u>	<u>Medical Doctor</u>
(School Name)	(City/State or Country)	(From: MM/DD/YYYY – To: MM/DD/YYYY)	(Graduation Date) (Degree Awarded)

<u>Rafael Clara de Mendive (Cuba)</u>	<u>09/-/1997</u>	<u>09/-/2000</u>	<u>High School</u>
(School Name)	(City/State or Country)	(From: MM/DD/YYYY – To: MM/DD/YYYY)	(Graduation Date) (Degree Awarded)

<u>Miami Dade College Miami Florida</u>	<u>01/-/2016</u>	<u>- present</u>	
(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. TRAINING PROGRAM INFORMATION:

Florida Training Approval License Number: TP

251

<u>Miami Dade College</u>	<u>950 NW 20th Street</u>	<u>Miami, FL</u>	<u>33127</u>
(Name of Institution)	(Street and Number)	(City)	(State) (Zip-code)

<u>Caridad Gutierrez</u>	<u>1/2016</u>	<u>12/2018</u>
(Program Director/Education Coordinator)	(Date Enrolled)	(Date of Anticipated Graduation)

7. CLINICAL EXTERNSHIP: (If different from the training program)

(Name of Institution)	(Street and Number)	(City)	(State)	(Zip-code)
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(Contact Person)	(Telephone Number)
------------------	--------------------

8. 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)
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(Name of Agency)	(City/State)	(Date: MM/DD/YYYY)	(Final Action)	(Under Appeal? Y/N)
------------------	--------------	--------------------	----------------	---------------------

NAME: Jenny Ginate Perez.

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

PROCEEDINGS and/or ACTIONS

9. 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?
- 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?
- c. Have you been refused a license to practice, or the renewal thereof in any state?

[] YES [X] NO

[] YES [X] NO

[] YES [X] NO

If YES, please complete the following:

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

10. 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 [X] 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)
(Offense)	(Date: MM/DD/YYYY)	(Jurisdiction)	(Final Disposition)	(Under Appeal? Y/N)

11. 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 [X] 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: Jenny Ginarte Percy

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.

12. 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 felon offense(s) in another state or jurisdiction? (If you responded NO, skip to 13) [] YES [☒] NO
- a. If "yes" to 12, for felonies of the first or second degree, has it been more than 15 years before the date of the plea, sentence and completion of any subsequent probation? [] YES [] NO
- b. If "yes" to 12, for felonies of the third degree, has it been more than 10 years before 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 12, 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 12, 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
13. 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 13, 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
14. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 14a.) [] 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
15. 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 15a or 15b.) [] 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
16. 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
17. If "yes" to any of the questions 12 through 16 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

NAME:

Jenny Ginate Perez

18. APPLICANT SIGNATURE:

I understand that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083 and 775.084, Florida Statutes.

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.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. 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.

*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.

(Applicant Signature)

Caridad Gutierrez

(Program Director/Education Coordinator Signature)

(Date)

03/10/2016

(Date)

3/22/16

~~Please make cashier check or money order payable to the Department of Health. Return application and fees to:~~

Department of Health
Revenue Services
P.O. Box 6330
Tallahassee, FL 32399-6330

~~(Documents sent separate from application/no money)~~

Mail all supporting documents/correspondence to:

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

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

November 21, 2016

Jenny G. Perez
5135 NW 4th Street
Miami, Florida 33126

Re: Jenny G. Perez

Dear Ms. Perez:

Please be advised that the above-referenced matter is scheduled to be reviewed by the Board of Clinical Laboratory Personnel on December 2, 2016, via telephone conference at (888) 670-3525, 7342425515 participant code, the meeting will begin at 9:00 a.m. or soon thereafter.

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 notification letter of the Board of Clinical Laboratory Personnel meeting for review of the matter described above.

Sincerely,

Karen Miller
Administrative Assistant

/klm

FLORIDA BOARD OF CLINICAL LABORATORY PERSONNEL RATIFICATION LIST

Lic Nbr	Issue Date	Licensee Name
48424	08/18/2016	Penalver-Tadeo, Manuel Alberto
48425	08/18/2016	Tillery, Wilma
48426	08/19/2016	Vallejos, Melania
48427	08/19/2016	Lopez, Marybel
48428	08/19/2016	Wright, Joshua Paul
48429	08/19/2016	Hall, Anthony Ryan
48430	08/19/2016	Elie, Charlie
48431	08/23/2016	Ramos, Reina B
48432	08/23/2016	Zellner, Angela
48433	08/23/2016	Ugro, Gene V
48434	08/23/2016	Shoffeitt, Tara Suzanne
48435	08/23/2016	Hodgetts, Donald William
48436	08/23/2016	Monteleone, John Joseph Jr
48437	08/23/2016	Back, Rebecca D
48438	08/24/2016	Martinez Rodriguez, Lianet
48439	08/25/2016	Phipps, Lutriel Cameel
48440	08/25/2016	Scala, Kevin G
48441	08/25/2016	Lessard, Tonya
48442	08/25/2016	James, Janita Yvette
48443	08/26/2016	Isham, Samantha Rose
48444	08/26/2016	Maclaren, Donald Charles
48445	08/26/2016	Bihary, Lucas
48446	08/26/2016	Whittington, Lindsey Michelle
48447	08/26/2016	Leach, Lauren Ashley

48448	08/26/2016	Nessim, Mariam H
48449	08/26/2016	Yebra, Javier
48450	08/26/2016	Havens Stark, Malaura
48451	08/26/2016	Ketzler, Katherine Serdula
48452	08/26/2016	Vance, Jeannette Marie
48453	08/26/2016	Murgado, Isaac
48454	08/26/2016	Malin, Carla Yolanda Catriona
48455	08/26/2016	Caguiat, June Marie
48456	08/29/2016	Martinez, Francis Victoria
48457	08/29/2016	Ribbing, Jessica J
48458	08/29/2016	Walcott, Akel Kwesi
48459	08/30/2016	Abia, Blessing Sam
48460	08/30/2016	Timon, Kathy Ann
48461	08/30/2016	Espinosa, Ana Angelica
48462	08/30/2016	Wilson, Jennifer Lauren
48463	08/30/2016	Bulk, Shannon
48464	08/30/2016	Chen, Vincent
48465	08/30/2016	Dorfsman, Daniel Alexander
48466	08/30/2016	Mercado, Andrea Cristina
48467	08/30/2016	Licurse, Elizabeth Marie
48468	08/30/2016	Fox, Megan Elizabeth
48469	08/30/2016	Kilmer, Dawn Marie
48470	08/30/2016	Cole, Thomas Michael
48471	08/30/2016	Crespo, Rose Marie
48472	08/30/2016	Copus, Brock J
48473	08/30/2016	Dalton, Jeannine Marie
48474	08/31/2016	Mock, Walter Edgar
48475	08/31/2016	French, Claudia Ann
48476	08/31/2016	Saenz Edwards, Esther D

48477	08/31/2016	Morales, Mailyln
48478	08/31/2016	Encarnacion, Karla
48479	08/31/2016	Benitez Ruiz, Ingrid Zahira
48480	08/31/2016	Delos Santos, Marina Cagadas
48481	08/31/2016	Dieuvelhomme, Danielle Marie
48482	08/31/2016	Grant, Candace Camille
48483	09/01/2016	Dula, Carrie Leigh
48484	09/01/2016	Delgado, Alexander
48485	09/01/2016	Flores, Orlando
48486	09/06/2016	Delnista, Brook E
48487	09/06/2016	Macedo, Tatiane Meireles
48488	09/06/2016	Madray, Fiona Darshanie
48489	09/06/2016	Ignacio, Amrita Delalamon
48490	09/06/2016	Santos, Monalisza Sulit
48491	09/06/2016	Promo, Michele Ann
48492	09/06/2016	Schnackenberg, Kristin
48493	09/06/2016	Williams, Veronique A
48494	09/06/2016	Pierre, Gaelle
48495	09/06/2016	Olivares, Aida Rosa
48496	09/06/2016	Settles, Jessica Francine
48497	09/06/2016	Weston, Janet K
48498	09/06/2016	Vuong, Doris Que
48499	09/07/2016	Owens, Rachel
48500	09/07/2016	Guinyard-Holmes, Regina Guinyard
48501	09/07/2016	Bolduc, Deborah
48502	09/08/2016	Swails, Treondra La'Shea
48503	09/08/2016	Zhu, Mengyuan
48504	09/08/2016	Szabo, Brecka Lynn
48505	09/08/2016	Ourani, Mohammad

48506	09/08/2016	George, Dorry
48507	09/08/2016	Brown, Bianca Lefawn
48508	09/09/2016	Ruiz, Katleen
48509	09/09/2016	Mims, Tynickwa Yulanda
48510	09/09/2016	Wawrzynski, Joseph J Jr
48511	09/09/2016	Menger, Marcy
48512	09/09/2016	Lara-Velez, Maria Del Pilar Mrs
48513	09/09/2016	Herrera Alzate, German Santiago
48514	09/12/2016	Salm, Christina Michelle
48515	09/12/2016	Montanez, Enid
48516	09/12/2016	Doerman, Cheyenne Ciara
48517	09/12/2016	Collaku, Aurora
48518	09/12/2016	Miller, Lyndsey Marie
48519	09/12/2016	White, Amanda Shenee
48520	09/12/2016	Fortmann, Marian Elise
48521	09/13/2016	Lugo Acevedo, Janice M
48522	09/13/2016	Fawaz, Abraham Otis
48523	09/13/2016	Larue, Raymond James
48524	09/13/2016	Tu-Ayon, Anabelle Tabamo
48525	09/13/2016	Williams, Ricky Lee
48526	09/13/2016	Larreategui, Joan S
48527	09/14/2016	Mckenzie, Shauna
48528	09/14/2016	Vazquez, Osnay
48529	09/15/2016	Dy, Kristine Jeane General
48530	09/16/2016	Cyrus, Armani Kouhi
48531	09/16/2016	Herrera-Amador, Alan
48532	09/16/2016	Levasseur, Amy L
48533	09/16/2016	Rosario, Maria De Lourdes
48534	09/19/2016	Iturregui, Ivelisse

48535	09/19/2016	Yuson, Katrina Maducot
48536	09/19/2016	Artiles-Valor, Adriana Phd
48537	09/19/2016	Peterson, Denise Ann
48538	09/19/2016	Dholakia, Sonal Chandrakant
48539	09/20/2016	Pico Bergantinos, Thais
48540	09/20/2016	Nagarajarao, Shamaladevi
48541	09/20/2016	Parker, James Landon
48542	09/21/2016	East-Garrett, Meloney
48543	09/21/2016	Croley, Keyerra
48544	09/21/2016	Stewart, Deborah Felton
48545	09/21/2016	Roflo, Danna Gulfan
48546	09/21/2016	Layton, Deborah
48547	09/21/2016	Jose, Eloisa
48548	09/21/2016	Bell, Peter
48549	09/22/2016	Young, Jodi Lynn
48550	09/22/2016	Diaz, Omar
48551	09/23/2016	St-Fort, Stefanie
48552	09/23/2016	Ratliff, Shequita
48553	09/23/2016	Singleton, Kenyia
48554	09/23/2016	Waldron, Robert
48555	09/23/2016	Boots, Danielle Marie
48556	09/23/2016	Stryker, Ian
48557	09/23/2016	Naiyasut, Kathriya
48558	09/23/2016	Jenkins, Debbie R
48559	09/26/2016	Kneibel, Rebecca Anne
48560	09/26/2016	Leon, Denny
48561	09/26/2016	Omania, Melissa
48562	09/26/2016	Smith, Katina Latrese
48563	09/27/2016	Weaver, Douglas Ray

48564	09/27/2016	Azad, Ameneh
48565	09/28/2016	Mcfarland, Brittany Ann
48566	09/29/2016	Wilson, Shari Lyn
48567	09/29/2016	Syed, Huma
48568	09/30/2016	Baker, Rosalind Michelle
48569	09/30/2016	Carle, Bradley Stephen
48570	10/03/2016	Dominguez Jimenez, Nadia Sofia
48571	10/03/2016	Taha, Mutaz Mustafa
48572	10/03/2016	Germain, Beatrice
48573	10/03/2016	Brunelle, Gaynel Eve
48574	10/03/2016	Johns, Eric England Richardson
48575	10/04/2016	Edmondson, Jonathan Ward
48576	10/04/2016	Zupan, Elizabeth Wehunt
48577	10/04/2016	Bailey, Shavelle Denise
48578	10/04/2016	Tran, Deenise
48579	10/05/2016	Schrader, Kimberly Ann
48580	10/05/2016	Markey, Erin Leigh
48581	10/06/2016	Ortega, Vanessa Stephanie
48582	10/06/2016	Lee, Richard
48583	10/06/2016	Kanaval, Christine Sue
48584	10/06/2016	Alegre, Yadira
48585	10/06/2016	Duckett, Judy B
48586	10/07/2016	Corvino, Teresa
48587	10/07/2016	Vega, Noemi
48588	10/07/2016	Grunder, Nathan
48589	10/10/2016	Mitilenes, Nickolas George
48590	10/10/2016	Colon, Melody
48591	10/11/2016	Rhoden, Shavone V
48592	10/12/2016	Weber, Samuel Christopher

48593	10/12/2016	Green, Daniel Henry
48594	10/12/2016	Roberts, Lamesha Tamera
48595	10/12/2016	Adams, Kimberly Nicole
48596	10/12/2016	Abrante-Martinez, Dencys
48597	10/12/2016	Guzman Morales, Ednira Brunilda
48598	10/13/2016	Lopez, Maria Isabel Inoferio
48599	10/14/2016	Lamb, Jacob Lamb
48600	10/17/2016	Armstrong, Joseph P
48601	10/17/2016	Acosta, Teresita Cuenca
48602	10/17/2016	Roy, Heather Jean
48603	10/17/2016	Silva, Andrea Alexandra
48604	10/17/2016	Santiago, Leishnaly Mairene
48605	10/18/2016	Rivera Rodriguez, Kevin
48606	10/18/2016	Hogg, Rasheeda Charise
48607	10/18/2016	Sweat, Jaritza Nicole
48608	10/18/2016	Burke, Monica Lynn
48609	10/19/2016	Sebastiani, Anggy
48610	10/19/2016	Lucina, Dave Narciso
48611	10/19/2016	Patel, Dimple S
48612	10/19/2016	Usman, Aafia
48613	10/19/2016	Long, Robert T
48614	10/19/2016	Bruzzese, Toni Lynn
48615	10/20/2016	Canela, Stephanie
48616	10/20/2016	Petrov, Cvetelina Koseva
48617	10/20/2016	Lora, Juliana
48618	10/20/2016	Coll, Shirley K
48619	10/20/2016	Chickrie, Esar
48620	10/21/2016	Grant, Jennifer
48621	10/24/2016	Dragoo, Michelle Rae

48622	10/24/2016	Souslova, Tatiana
48623	10/24/2016	Frase, Roger Dean
48624	10/25/2016	Wells, Raven Symone
48625	10/25/2016	Helie, Mary
48626	10/25/2016	Martin, Jeffrey Earl
48627	10/25/2016	Guerrier, Ludwige
48628	10/26/2016	Lugo, Liza Marie
48629	10/26/2016	Limage, Nancy
48630	10/26/2016	Leyva Pena, Olaya
48631	10/26/2016	Tomko, Margaret
48632	10/27/2016	Mercado, Joanafre
48633	10/27/2016	Nurnberger, Jeri Tressie
48634	10/27/2016	Cruz-Caraballo, Yanira
48635	10/27/2016	Toussaint, Wesnes
48636	10/27/2016	Migliavacca, Caroline Nissola
48637	10/27/2016	O'Donnell, Maya
48638	10/28/2016	Mendoza, Freddie li
48639	10/28/2016	Ruiz, Anier
48640	10/31/2016	Bonilla Lemes, Juan Carlos
48641	10/31/2016	Suarez Escandon, Angel
48642	10/31/2016	Hough, David
48643	11/01/2016	Kassens, Elizabeth Ann
48644	11/01/2016	Diliberto, Erika Ann
48645	11/01/2016	Adams, Kelsey Paige
48646	11/01/2016	Wurst, Kim
48647	11/01/2016	Nisi, Angel L
48648	11/02/2016	White, Amy Louise
48649	11/03/2016	Marengo Serrano, Maybeliz
48650	11/03/2016	Smith, Elizabeth

48651	11/04/2016	Milien, Gary
48652	11/07/2016	Morales, Arnaldo
48653	11/07/2016	Warburton-Neil, Nickadian Amanda
48654	11/07/2016	Peterssen, Theresa
48655	11/07/2016	Schifano, Gina
48656	11/07/2016	Royals, Briana Danielle
48657	11/08/2016	Jean-Pierre, Fritz
48658	11/08/2016	Zapata, John F
48659	11/08/2016	Johnson, Connie Delora
48660	11/08/2016	Thomas, Olivia Brooke
48661	11/08/2016	Wiens, Aaron Jacob
48662	11/08/2016	Watkins, Dolores Elizabeth
48663	11/08/2016	Vignoles, Moira
48664	11/08/2016	Seals, Kevin G
48665	11/09/2016	Cadet, Keyina
48666	11/09/2016	Estevez, Margaret
48667	11/09/2016	Miller, Jenaya Sun
48668	11/09/2016	Heath, Kyle Allen
48669	11/09/2016	Driskill, Pauline Michele
48670	11/09/2016	Nguyen, Nghiem Bao Trung
48671	11/09/2016	Cassis, Fredericka Shamika
48672	11/09/2016	Rodriguez Hernandez, Viviana
48673	11/09/2016	Zych, Stephanie R
48674	11/10/2016	Mendez, Patricia
48675	11/10/2016	Jolicoeur, Julbert
48676	11/14/2016	Radli, Robert John Jr
48677	11/14/2016	Steinert, Michael Sam
48678	11/14/2016	Alexander, Jeri Marcelle
48679	11/14/2016	Cottrell, Victoria Vladislavovna

48680	11/14/2016	Cortes, Gabino
48681	11/14/2016	Borgella Constant, Esther
48682	11/14/2016	Gao, Changheng
48683	11/14/2016	Zubair, Sawsan Mohamed
48684	11/14/2016	Arizmendi, Zuleika
48685	11/14/2016	Reid, Tina
48686	11/14/2016	Solorzano Gutierrez, Yoandra Barbara
48687	11/14/2016	Raposa, David Charles
48688	11/14/2016	Saucier, Amanda Blair
48689	11/14/2016	Morffi Moya, Lisbet
48690	11/15/2016	Gehron, Michael Joe
48691	11/15/2016	Lietz, Nicholas Michael
48692	11/15/2016	Espino, Maria Hildelisa
48693	11/15/2016	Gilead, Dean Lyndon
48694	11/15/2016	Chico-Morales, Tania C
48695	11/15/2016	Le, Tien Xuan
48696	11/15/2016	Hannah, Antonio
48697	11/16/2016	Flores, Ricardo
48698	11/16/2016	Thomas, Daishana
48699	11/16/2016	Mack, Carolyn Mary
48700	11/16/2016	Tady, Annabelle Mendoza
48701	11/16/2016	Allen, Ricardo Nathaniel
48702	11/16/2016	Strong, Connor
48703	11/16/2016	Womas, Koko
48704	11/16/2016	Halberstam, Alicia
48705	11/17/2016	Rodriguez, Rosbel Alexis
48706	11/17/2016	Korwes, Kevin Wade
48707	11/17/2016	Troyer, Nicholas B
48708	11/17/2016	Persaud, Radica

48709	11/17/2016	King, Christopher
48710	11/18/2016	Melendez, Ivette
48711	11/18/2016	Leong, Kristeen Anne Deniega
48712	11/18/2016	Osorio Avila, Leilani
48713	11/21/2016	Lemos, Karla Gretchen
48714	11/21/2016	Kussy, Tania Sarina
48715	11/21/2016	Ferrer Colon, Taishalyn

TOTAL: 292

FLORIDA BOARD OF CLINICAL LABORATORY PERSONNEL TRAINEES

Lic Nbr	Issue Date	Licensee Name
11293	08/18/2016	Francis, Corey Anthony
11294	08/18/2016	Alejandro, Genevieve Michele
11295	08/18/2016	Wade, Shelby Ann
11296	08/22/2016	Damaso, Reynald M
11297	08/23/2016	Andre, Walmond
11298	08/23/2016	Green, Jaime Nicole
11299	08/24/2016	Sutherlin, Juanita Jenette
11300	08/24/2016	Rich, Erin Morgan
11301	08/24/2016	Geraldes, Fernanda De Arruda
11302	08/24/2016	Vargas, Cindy Dayhana
11303	08/26/2016	Casas, Marisol
11304	08/29/2016	Koonce, Michelle Andrea
11305	08/30/2016	Gavani, Enkelejda
11306	08/30/2016	Gavray, Charlyne Michelle
11307	08/30/2016	Olivier, Cindy
11308	09/01/2016	Ewel, Jillian Mae
11309	09/06/2016	Charles, Guernide
11310	09/06/2016	Garza, Sylvia Maria
11311	09/08/2016	Kelly, Kevin Patrick
11312	09/08/2016	Kessel, Tracey Judith
11313	09/08/2016	Sharpe, Marsha-Gae Athonette
11314	09/14/2016	Murphy, Donna Marie
11315	09/14/2016	Tejeda, Michael J
11316	09/14/2016	Banks, Kelly Lamarr
11317	09/15/2016	Williams, Bradley
11318	09/16/2016	Valoyes, Gledys Yasiris

11319	09/16/2016	Jimenez, Wenifredo Jr
11320	09/16/2016	Rodriguez-Morales, Yudmila
11321	09/19/2016	Menendez, Kayla Iris
11322	09/19/2016	Ortiz, Ibrahim Jr
11323	09/21/2016	Harrison, Karen Lee
11324	09/21/2016	Kerr, Eiren Talandron
11325	09/21/2016	Randall, Katisha Renee
11326	09/21/2016	Burrell, Yvonne
11327	09/21/2016	Orellana, Carol
11328	09/21/2016	Gonzalez, Arisleidys
11329	09/21/2016	Lauderdale, Julie Lynn
11330	09/23/2016	Smith, Gayle Denise
11331	09/23/2016	Mccastle, Derek Antawan
11332	09/26/2016	Morales, Brian Orlando
11333	09/26/2016	Butler, Mireille Fraser
11334	09/26/2016	Echevarria, Mariangely
11335	09/27/2016	Dorsainvil, Carmelle
11336	09/27/2016	Sachse, Paul Thomas
11337	09/27/2016	Roldan, Katrina Marie
11338	09/27/2016	Wilson Pendleton, Liza Ann
11339	09/27/2016	Schoelles, Jeanne Natasha
11340	09/27/2016	Guzman Ibarra, Roberto Carlos
11341	09/29/2016	Garcia, Millerlin
11342	09/29/2016	Chronis, Evan Taylor
11343	09/29/2016	Smith, Marcie F
11344	09/29/2016	Santander, Gaudy Rondon
11345	09/29/2016	Garcia, David
11346	10/04/2016	Milfort, Cindy
11347	10/04/2016	Dunaway, Rebecca Lynne

11348	10/05/2016	Snyder, Tamara Layne
11349	10/05/2016	Sosa, Matthew N
11350	10/06/2016	Sanchez, Henry Omar
11351	10/06/2016	Sanchez, Sebastian Hemir
11352	10/06/2016	Prajapati, Bobbi Jo
11353	10/07/2016	Schofield, April Colleen
11354	10/07/2016	Mebane, Russell Allen
11355	10/07/2016	Leach, Kelly Miranda
11356	10/07/2016	Fernandez, Andres Felipe
11357	10/13/2016	Rose, Taylor Ann
11358	10/13/2016	Bradley, Emily R
11359	10/17/2016	Stubbs, Stephanie Marie
11360	10/17/2016	Kirkland, Jacqueline Elaine
11361	10/17/2016	Halleran, Matthew John
11362	10/17/2016	Lodewijks, Damaris M C
11363	10/17/2016	Carver, Ruby
11364	10/17/2016	Harrington, Somerlyn
11365	10/17/2016	Hickman, Regan
11366	10/17/2016	Lane, John
11367	10/17/2016	Mercer, Brittney
11368	10/17/2016	Miller, Princena Teresa
11369	10/18/2016	Bookheimer, Brett
11370	10/18/2016	Sawicki, Joanne Martha
11371	10/19/2016	Talbott, Karla Jean
11372	10/19/2016	Taylor, Emily Gabriela
11373	10/19/2016	Vaughan, Emily
11374	10/19/2016	Warfel, Megan
11375	10/25/2016	Ontiveroz, Sarah
11376	10/25/2016	Doerman, Jacob Matthew

11377	10/26/2016	Brooks, Danielle Marie
11378	10/26/2016	Spinks, Anita J
11379	10/26/2016	Mees, William Forrest
11380	11/02/2016	Morse, Terry James
11381	11/02/2016	Norman, Dana Edward li
11382	11/03/2016	Corbiere, Jason A
11383	11/04/2016	Mckellar, Cassandra Rose
11384	11/07/2016	Rosa, Kiara Marie
11385	11/08/2016	Simpson, Teal
11386	11/09/2016	Shelley, Kenneth James
11387	11/10/2016	Conlon, Meghan Marie
11388	11/10/2016	Gunther, Janice Lee
11389	11/14/2016	Coppola, Marc Domenico
11390	11/14/2016	Pileggi, Francis
11391	11/15/2016	Ashley, Kayla Lynette
11392	11/16/2016	Remy, Sandra
11393	11/16/2016	Senra, Katherine Ann
11394	11/16/2016	Maqsud, Zahra Ameen
11395	11/17/2016	Kuhlman, Jonathan Richard
11396	11/17/2016	Jimenez, Nelson
11397	11/17/2016	Wilkerson, Gregory Scott
11398	11/17/2016	Llanos, Laura
11399	11/17/2016	Saborido, Elizabeth
11400	11/17/2016	Pampan, Patherson
11401	11/17/2016	Holm, Morgan Taylor
11402	11/17/2016	Gamblin, James Barnaby
11403	11/17/2016	Robertson, John Joseph
11404	11/17/2016	Cyman, Sabrina S
11405	11/18/2016	Hoppenbrouwer, Maegan Faye

11406	11/18/2016	Turner, Heather Nichole
11407	11/21/2016	Augustin, Stanley

TOTAL: 115

FLORIDA BOARD OF CLINICAL LABORATORY PERSONNEL TRAINING PROGRAMS

Lic Nbr	Issue Date	Licensee Name
300	08/19/2016	Hillsborough Community College Mls Program
1		

TOTAL: 1

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**MEMORANDUM**

TO: Board Members, Board of Clinical Laboratory Personnel

FROM: Keri Kilgore, Regulatory Specialist II 

DATE: November 4, 2016

RE: Report of Continuing Education Providers & Courses approved by CE Committee Chair

Please see the enclosed attachments of Continuing Education Providers & Courses that have been approved by the CE Committee Chair during the period August 1, 2016 – November 3, 2016.

Thank you.

Keri Kilgore

Florida Department of Health

MQA/Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin C-07 • Tallahassee, FL 32399-1701
Express mail address: 4042 Bald Cypress Way – Suite 305
PHONE: 850/245-4355 • FAX 850/922-8876

**Accredited Health Department**
Public Health Accreditation Board

The Completely Automated Continuing Education (CE) Compliance Determination System

**1-877-i-find-CE****(CALL TOLL FREE: 1-877-434-6323)****Monday through Friday, 8:00 am till 8:00 pm EST**[Communication Center](#)[Licensees](#)[CE Providers](#)[Payment Info](#)[Users](#)[\[Boards\]](#)[Home](#) > [Communication Center](#) > **Provider Change Status Report****USER:** KERI KILGORE, Regulatory Specialist I, Florida Board of Clinical Laboratory Personnel**Search Criteria**

- ▶ Board Name **FLORIDA BOARD OF CLINICAL LABORATORY PERSONNEL**
- ▶ From **08/01/2016 to 11/03/2016**
- ▶ Statuses include **APPROVED**

[Refine Search](#)[Print](#)**CE Provider List**

Educational Provider Name	CE Broker Provider #	Status	Date
INTERNATIONAL SOCIETY FOR CELLULAR THERAPY	50-20112	APPROVED	10/25/2016
THERMO FISHER SCIENTIFIC	50-19211	APPROVED	10/07/2016
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Provider Name	Provider #	Course Name	Course #	Status	Approved Date
CENTER FOR PHEBOTOMY EDUCATION, INC.	50-19304	TO THE POINT ONLINE-PREVENTING PREANALYTICAL ERRORS	20-545923	APPROVED	10/7/2016
CENTER FOR PHEBOTOMY EDUCATION, INC.	50-19304	To The Point Online - Collection and Handling Errors that Alter Potassium Results	20-568870	APPROVED	10/7/2016
CENTER FOR PHEBOTOMY EDUCATION, INC.	50-19304	To The Point Volume 2	20-568890	APPROVED	10/7/2016
CONTINUING EDUCATION UNLIMITED OF SOUTH FLORIDA, INC.	50-3395	Points of Care Today	20-544593	APPROVED	8/19/2016
INTERNATIONAL SOCIETY FOR CELLULAR THERAPY	50-20112	ISCT WEBINAR: CONDUCTING VALIDATION STUDIES FOR SHIPPING OF CELLS	20-569620	APPROVED	10/25/2016
MARY-RACHEL CLARK	50-17267	Preventing Medical Errors ? 2 CE Hours	20-552994	APPROVED	9/16/2016
MEDIALAB, INC.	50-10293	Medical Error Prevention: Patient Safety	20-548045	APPROVED	10/7/2016
NETCE - NETCE.COM	50-2405	91332: MEDICAL ERROR PREVENTION AND ROOT CAUSE ANALYSIS	20-544903	APPROVED	8/19/2016
THERMO FISHER SCIENTIFIC	50-19211	CERTIFIED INSTRUMENT OPERATOR TRAINING	20-545443	APPROVED	10/7/2016
TTUHSC HEALTH.EDU	50-1952	113316 Managing Medical Error: Part 1	20-552487	APPROVED	10/25/2016
TTUHSC HEALTH.EDU	50-1952	113416 Managing Medical Error: Part 2	20-552493	APPROVED	10/25/2016

Mission:

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

**Rick Scott**

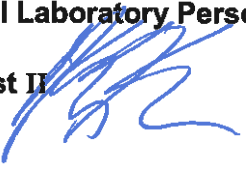
Governor

Celeste Philip, MD, MPH

Surgeon General and Secretary

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

TO: Board Members, Board of Clinical Laboratory Personnel

FROM: Keri Kilgore, Regulatory Specialist II 

DATE: November 4, 2016

RE: Report of Continuing Education Providers & Courses approved by Board Staff

Please see the enclosed attachments of Continuing Education Providers & Courses that have been approved by Board Staff during the period August 1, 2016 – November 3, 2016.

Thank you.

Keri Kilgore

Florida Department of Health

MQA/Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin C-07 • Tallahassee, FL 32399-1701
Express mail address: 4042 Bald Cypress Way – Suite 305
PHONE: 850/245-4355 • FAX 850/922-8876

**Accredited Health Department**
Public Health Accreditation Board

The Completely Automated Continuing Education (CE) Compliance Determination System

**1-877-i-find-CE****(CALL TOLL FREE: 1-877-434-6323)****Monday through Friday, 8:00 am till 8:00 pm EST**[Communication Center](#)[Licensees](#)[CE Providers](#)[Payment Info](#)[Users](#)[\[Boards\]](#)[Home](#) > [Communication Center](#) > **Provider Change Status Report****USER:** KERI KILGORE, Regulatory Specialist I, Florida Board of Clinical Laboratory Personnel**Search Criteria**

- ▶ Board Name **FLORIDA BOARD OF CLINICAL LABORATORY PERSONNEL**
- ▶ From **08/01/2016 to 11/03/2016**
- ▶ Statuses Include **APPROVED**

[Refine Search](#) [Print](#)**CE Provider List****Educational Provider Name****CE Broker
Provider #****Status****Date**

UNIVERSITY OF CENTRAL FLORIDA MEDICAL LABORATORY SCIENCES PROGRAM

50-19159

APPROVED

08/08/2016

The Completely Automated Continuing Education (CE) Compliance Determination System



1-877-i-find-CE

(CALL TOLL FREE: 1-877-434-6323)

Monday through Friday, 8:00 am till 8:00 pm EST

[Communication Center](#)[Licensees](#)[CE Providers](#)[Payment Info](#)[Users](#)[\[Boards\]](#)[Home](#) > [Communication Center](#) > [CE Provider List](#) > **Board Provider Detail****USER:** KERI KILGORE, Regulatory Specialist I, Florida Board of Clinical Laboratory Personnel**Provider Profile (* indicates a required field)**

CE Provider # 50-19159
 CE Provider Name UNIVERSITY OF CENTRAL FLORIDA MEDICAL LABORATORY SCIENCES PROGRAM
 PRAES License Number

[View Provider Status History](#)[View Attestation Message](#)**Boards**

Florida Board of Clinical Laboratory Personnel

Expires : Not Applicable

Provider Type: Rule/Statute Approved Provider

Associations:

- Agency of the state or federal government which offers programs in those subject areas listed in subsection 64B3-11.002(1), F.A.C.

[View Payment History](#)**Physical Business Address**

Street Address 4364 SCORPIOUS STREET
 (No P.O. Boxes) HPA II, ROOM 339
 City ORLANDO
 State FLORIDA
 Zip 32816 2360

[View Address History](#)**Mailing Address**

Street Address 4364 SCORPIOUS STREET
 HPA II, ROOM 339
 City ORLANDO
 State FLORIDA
 Zip 32816 2360
 Phone (407) 823-5220
 Fax (407) 823-3095
 Toll Free

CE Provider Comments

Internal Comments (HDR)

Internal Board/Council Comments

APPROVED-KK

Board/Council Comments (Viewable to CE Providers)

Registration Information

Registration Phone (407) 823-5220

Registration Website

Company Website

<https://med.ucf.edu/biomed/academics/undergraduate-programs/bs->

In-House



My continuing education is primarily available only to my company's employees (in-house education provider). I am primarily an in-house education provider, and in-house continuing education will not appear in general search results.

[View Location List](#)**Primary Contact****Name****Date Approved****E-mail**DORILYN J HITCHCOCK

08/08/2016

dorilyn.hitchcock@ucf.edu

For Board Use Only

Status

Approved ▼

Date 08/08/2016 * mm/dd/yyyy

Internal Board/Council Comments Only

APPROVED-KK

Comments

Attachments

Attached Documents

Click the "Attach" button, locate the file to upload, and select it. When you submit your request, the attached files will automatically be enclosed.

Attach

Remove

[Request/response history](#)

Save

64B3-5.007 Director; Limitations and Qualifications.

(1) All applicants for a Director license must have the qualifications for a High Complexity Laboratory Director, listed in 42 CFR 493.1443 as published on October 1, 2007, and complete a Board-approved 2-hour course relating to the prevention of medical errors, which shall include root-cause analysis, error reduction and prevention, and patient safety. Such applicants shall also complete a one hour educational course acceptable to the Department on human immunodeficiency virus and acquired immune deficiency syndrome.

(2) In addition, at least one of the following requirements must be met for specific areas of licensure. In some cases, there are multiple options for meeting the requirements.

(a) All Specialties

Education	Option	Training/Experience	Certification
Florida Licensed physician (does not require a separate laboratory director license)	1a	as required by certifying body	Certification in Clinical Pathology by the ABP or AOBP
	1b	as required by certifying body	Certification in the pertinent laboratory specialty by ABIM, AOBIM, ABMM, ABCC, ABNM, AOBNM, ABMG, ABB, ABMLI, ABHI
	1c	Four years of pertinent clinical laboratory experience (post-graduate), with two years experience in the specialty to be directed	Not required

(b) Histology, Cytology

Education	Option	Training/Experience	Certification
Florida Licensed physician (does not require a separate laboratory director license)	1	as required by certifying body	Certification in Anatomical Pathology or Cytopathology by ABP or AOBP. For dermatopathology only, certification in Dermatopathology by the ABD or AOBD

(c) Oral Pathology Laboratories

Education	Option	Training/Experience	Certification
Florida Licensed physician or dentist (does not require a separate laboratory director license)	1	as required by certifying body	Certification in Anatomical Pathology by ABOP, ABP, or AOBP

(d) Microbiology

Education	Option	Training/Experience	Certification
Doctoral Degree in chemical, biological, or clinical laboratory science	1	as required by certifying body	Certification in Clinical Microbiology by ABMM, or HCLD(ABB) with certification in Microbiology

(e) Hematology

Education	Option	Training/Experience	Certification
Doctoral Degree in	1	as required by certifying body	HCLD(ABB) in Hematology

chemical, biological, or clinical laboratory science			
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(f) Cytogenetics

Education	Option	Training/Experience	Certification
Doctoral Degree in chemical, biological, or clinical laboratory science	1	as required by certifying body	Certification in Clinical Cytogenetics by ABMG

(g) Serology/Immunology

Education	Option	Training/Experience	Certification
Doctoral Degree in chemical, biological, or clinical laboratory science	1	as required by certifying body	Certification in Clinical Immunology by ABMLI, or HCLD(ABB) with certification in Immunology or Diplomate of ABHI

(h) Clinical Chemistry

Education	Option	Training/Experience	Certification
Doctoral Degree in chemical, biological, or clinical laboratory science	1	as required by certifying body	Certification in Clinical Chemistry by ABCC, HCLD(ABB) with certification in Chemistry; or certification in Clinical Chemistry or Toxicological Chemistry by NRCC or certification in Forensic Toxicology by ABFT.

(i) Andrology

Education	Option	Training/Experience	Certification
Doctoral Degree in chemical, biological, or clinical laboratory science	1	as required by certifying body	HCLD(ABB) with certification in Andrology

(j) Embryology

Education	Option	Training/Experience	Certification
Doctoral Degree in chemical, biological, or clinical laboratory science	1	as required by certifying body	ELD(ABB) or HCLD(ABB) with certification in Embryology.

(k) Histocompatibility

Education	Option	Training/Experience	Certification
Doctoral Degree in	1	as required by certifying body	Diplomate of the ABHI or

chemical, biological, or clinical laboratory science			HCLD(ABB) with certification in Immunology.
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(I) Molecular Pathology

Education	Option	Training/Experience	Certification
Doctoral Degree in chemical, biological, or clinical laboratory science	1	as required by certifying body	Certification in Molecular Pathology by ABCC, certification in Molecular Genetics by ABMG, or HCLD(ABB) with certification in Molecular Diagnostics

Rulemaking Authority 483.805(4) FS. Law Implemented 381.0034(3), 483.800, 483.809, 483.823(1), 483.824 FS. History—New 6-6-85, Formerly 10D-41.67, Amended 3-11-90, Formerly 10D-41.067, Amended 7-1-97, Formerly 59O-5.007, Amended 5-26-98, 3-2-99, 3-24-02, 10-14-02, 4-20-04, 2-23-06, 3-17-08, 6-17-09, 12-30-09, 1-30-12, 2-23-16.

**BOARD OF CLINICAL LABORATORY PERSONNEL
RULES REPORT
SEPTEMBER 2016**

Rule Number	Rule Title	Date Rule Language Approved by Board	Date Sent to OFARR	Rule Development Published	Notice Published	Adopted	Effective
64B3-3.001	General Requirements of Clinical Laboratory Personnel Training Programs.	06/03/16	06/30/16(RD)	07/01/16			
64B3-4.001	Trainee Registration.	06/03/16	06/30/16(RD)	07/01/16			
64B3-5.002	Supervisor.	06/03/16	06/30/16(RD)	07/01/16			
64B3-5.003	Technologist.	06/03/16	06/30/16(RD)	07/01/16			
64B3-5.004	Technician.	06/03/16	06/30/16(RD)	07/01/16			
64B3-5.007	Director; Limitations and Qualifications.	06/03/16	06/30/16(RD)	07/01/16			
64B3-5.008	Public Health Laboratory Personnel.	06/03/16	06/30/16(RD)	07/01/16			
64B3-6.001	Manner of Application.	06/03/16	06/30/16(RD)	07/01/16			
64B3-6.002	Documentation of Licensure.	06/03/16	06/30/16(RD)	07/01/16			
64B3-11.001	Continuing Education.	05/22/15 11/06/15 03/04/16 06/10/16	06/11/15(RD/RN) 12/02/15(NOC) 03/30/16(NOC) 07/29/16(NOC)	06/12/15	07/06/15 JAPC LTR 07/09/15 JAPC RESPONSE 08/05/15 RULE TOLLED 08/26/15 NOTICE OF CHANGE 12/04/15 JAPC LTR 12/09/15 JAPC RESPONSE 12/16/15 NOTICE OF CHANGE 03/31/16 JAPC LTR 04/01/16 JAPC RESPONSE 04/15/16 NOTICE OF CHANGE 08/02/16	08/30/16	09/19/16

**BOARD OF CLINICAL LABORATORY PERSONNEL
RULES REPORT
OCTOBER 2016**

Rule Number	Rule Title	Date Rule Language Approved by Board	Date Sent to OFARR	Rule Development Published	Notice Published	Adopted	Effective
64B3-3.001	General Requirements of Clinical Laboratory Personnel Training Programs.	06/03/16	06/30/16(RD)	07/01/16			
64B3-4.001	Trainee Registration.	06/03/16	06/30/16(RD)	07/01/16			
64B3-5.002	Supervisor.	06/03/16	06/30/16(RD)	07/01/16			
64B3-5.003	Technologist.	06/03/16	06/30/16(RD)	07/01/16			
64B3-5.004	Technician.	06/03/16	06/30/16(RD)	07/01/16			
64B3-5.007	Director; Limitations and Qualifications.	06/03/16	06/30/16(RD)	07/01/16			
64B3-5.008	Public Health Laboratory Personnel.	06/03/16	06/30/16(RD)	07/01/16			
64B3-6.001	Manner of Application.	06/03/16	06/30/16(RD)	07/01/16			
64B3-6.002	Documentation of Licensure.	06/03/16	06/30/16(RD)	07/01/16			
64B3-11.001	Continuing Education.	05/22/15 11/06/15 03/04/16 06/10/16	06/11/15(RD/RN) 12/02/15(NOC) 03/30/16(NOC) 07/29/16(NOC)	06/12/15	07/06/15 JAPC LTR 07/09/15 JAPC RESPONSE 08/05/15 RULE TOLLED 08/26/15 NOTICE OF CHANGE 12/04/15 JAPC LTR 12/09/15 JAPC RESPONSE 12/16/15 NOTICE OF CHANGE 03/31/16 JAPC LTR 04/01/16 JAPC RESPONSE 04/15/16 NOTICE OF CHANGE 08/02/16	08/30/16	09/19/16
64B3-12.001	Disciplinary Guidelines.		10/11/16(RD)	10/12/16			

**DEPARTMENT OF HEALTH
BOARD OF CLINICAL LABORATORY PERSONNEL
2016-2017 ANNUAL REGULATORY PLAN**

Section 1 – Laws enacted or amended within the previous 12 months which create or modify the duties or authority of the Board.

(120.74(1)(a), Florida Statutes)

Law Enacted or Modified on or after Oct. 1, 2015 (120.74(1)(a), F.S.	Statute (modified or created)	Rule Impacted	Must Agency Adopt Rules?	If Rulemaking Necessary, Notice of Development Published	Publication Date for Notice of Proposed Rulemaking	If Rulemaking Not Necessary, Explain
2016-116 (HB 183)	120.695	64B3-12.005 (Notice of Noncompliance)	No	n/a	n/a	The Board has a rule designating minor violations. The Board may amend this rule as a result of the review required by this statutory change.
2016-222 (HB 221)	456.072 483.825	64B3-12.001 (Disciplinary Guidelines)	Yes	12/07/16 (Anticipated)	12/27/16 (Anticipated)	
2016-230 (HB 941)	456.013 456.024 456.0635 483.823 381.0034	64B3-3.001 (General Requirements of Clinical Personnel Training)	Yes	07/01/16 Vol. 42/128	10/03/16 (Anticipated)	
		64B3-4.001 (Trainee Registration)		07/01/16 Vol. 42/128	10/03/16 (Anticipated)	
		64B3-5.002 (Supervisor)		07/01/16 Vol. 42/128	10/03/16 (Anticipated)	

		64B3-5.003 (Technologist)		07/01/16 Vol. 42/128	10/03/16 (Anticipated)	
		64B3-5.004 (Technician)		07/01/16 Vol. 42/128	10/03/16 (Anticipated)	
		64B3-5.007 (Director; Limitations and Qualifications)		07/01/16 Vol. 42/128	10/03/16 (Anticipated)	
		64B3-5.008 (Public Health Laboratory Personnel)		07/01/16 Vol. 42/128	10/03/16 (Anticipated)	
		64B3-6.001 (Manner of Application)		07/01/16 Vol. 42/128	10/03/16 (Anticipated)	

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Section 2 - Listing of each law not otherwise listed in Part 1 which the Board expects to implement by rulemaking before July 1, 2017. (120.74(1)(b), Florida Statutes)

Law Expected to be Implemented Through Rulemaking	Rule Impacted	Reason for Rulemaking
456.013 483.823	64B3-2.003 (Definitions)	Clarify, Simplify, Increase Efficiency
	64B3-4.001 (Trainee Registration)	Clarify, Simplify, Increase Efficiency
	64B3-5.0011 (Definitions)	Clarify, Simplify
	64B3-5.002 (Supervisor)	Clarify, Simplify
	64B3-5.004 (Technologist)	Clarify, Simplify
	64B3-5.004 (Technician)	Clarify, Simplify
	64B3-5.007 (Director)	Clarify, Simplify
	64B3-6.001 (Manner of Application)	Clarify, Simplify, Increase Efficiency
	64B3-10.005 (Scope of Practice Relative to Specialty of Licensure)	Clarify, Simplify

	64B3-13.001 (Responsibilities of Directors)	Clarify, Simplify
	64B3-13.002 (Responsibilities of Supervisors)	Clarify, Simplify
	64B3-13.003 (Responsibilities of Technologists)	Clarify, Simplify
	64B3-13.004 (Responsibilities of Technicians)	Clarify, Simplify
456.072 456.077	64B3-12.002 (Citations)	Clarify, Simplify, Increase Efficiency
	64B3-12.004 (Mediation Offenses)	Clarify, Simplify, Increase Efficiency

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Section 4: Certification.

Pursuant to Section 120.74(1)(d), Florida Statutes, I hereby certify that I have reviewed this Annual Regulatory Plan and that the Board regularly reviews all of its rules to determine if the rules remain consistent with the Board's rulemaking authority and the laws being implemented, with the most recent comprehensive review having been completed June 30, 2015.

Carleen P. Van Siclen
Carleen P. Van Siclen, MS, MLS (ASCP), Chair
Board of Clinical Laboratory Personnel

9/15/16
Date

Deborah Bartholow Loucks
Deborah Bartholow Loucks, Assistant Attorney General
Counsel to the Board of Clinical Laboratory Personnel

9/15/16
Date

Board Members' Quasi-Judicial and Quasi-Legislative Responsibilities:

When Am I (Like) a Judge?
When Am I (Like) a Legislator?



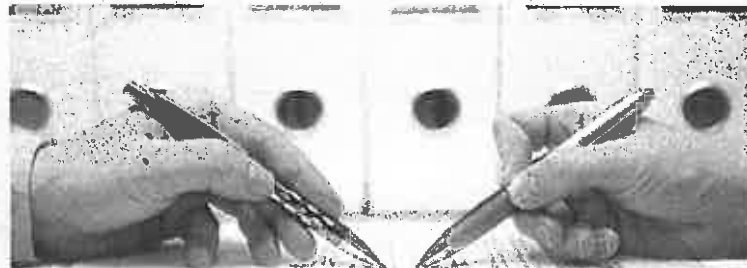
Edward A. Tellechea
Florida Office of the Attorney General

ARTICLE IV EXECUTIVE

- **SECTION 6. Executive departments.**—All functions of the executive branch of state government shall be allotted among not more than twenty-five departments, exclusive of those specifically provided for or authorized in this constitution. The administration of each department, unless otherwise provided in this constitution, shall be placed by law under the direct supervision of the governor, the lieutenant governor, the governor and cabinet, a cabinet member, or an officer or board appointed by and serving at the pleasure of the governor, except:
 - (a) When provided by law, confirmation by the senate or the approval of three members of the cabinet shall be required for appointment to or removal from any designated statutory office.
 - **(b) Boards authorized to grant and revoke licenses to engage in regulated occupations shall be assigned to appropriate departments and their members appointed for fixed terms, subject to removal only for cause.**

Non-Executive Authorities delegated to the Boards:

- In Chapters 120, 456, and professional practice acts, the Florida Legislature has delegated limited legislative authority (**quasi-legislative**) to the Boards and has authorized the Boards to exercise limited judicial like authority (**quasi-judicial**) in certain articulated instances.



Quasi-Judicial Action:

- The action taken and discretion exercised by public administrative agencies or bodies that are obliged to ascertain facts and draw conclusions from them as the foundation for official actions.



Quasi-Judicial Actions:

- Consideration of Disciplinary Cases - Settlement Agreements, Recommended Orders, Hearing Not Involving Disputed Issues of Fact (Informal Hearings), Waiver Cases, and any related motions.
- Finding Probable Cause
- Consideration of Licensure Applications and Licensure Hearings

- Petitions for Declaratory Statements
- Petitions for Variance or Waiver and subsequent administrative hearings.
- Approval of CE Courses and Providers and any subsequent administrative hearings.

When acting in a Quasi-Judicial capacity you need to act like a judge:

- 1) Hear and decide matters on the agenda except those in which disqualification or recusal is required.
- 2) Must be faithful to the law and not be swayed by partisan interests, public clamor, or fear of criticism.
- 3) Maintain order and decorum in proceedings before the Board.



When acting in a Quasi-Judicial capacity you need to act like a judge:

- 4) Must be patient, dignified, and courteous to respondents, witnesses, lawyers, and others with whom Board members deal in an official capacity, and shall require similar conduct of board counsel and of staff.
- 5) Accord to every person who has a legal interest in a proceeding before the Board, or that person's lawyer, the right to be heard according to law.
- 6) Must not initiate, permit, or consider ex parte communications, or consider other communications made to him or her outside the presence of the parties concerning a pending or impending proceeding.

When acting in a Quasi-Judicial capacity you need to act like a judge:

7) When considering Quasi-Judicial matters before Board, members must make their decisions solely based on the record as set forth in the agenda materials. Board members may not use any outside sources of information to make decisions especially when considering Recommended Orders and when finding probable cause.

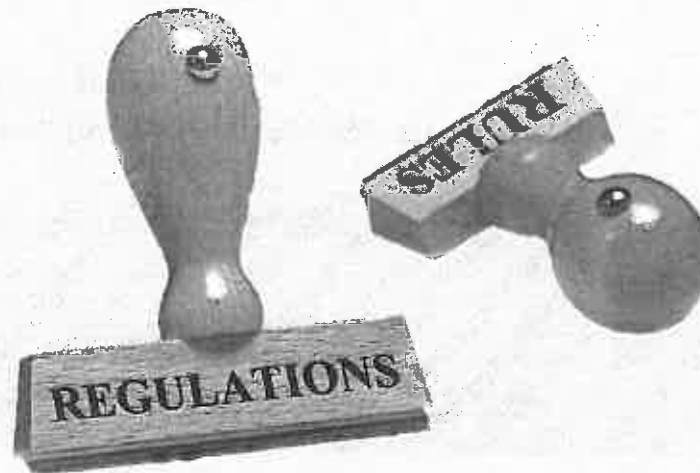
- No discussion with outside sources
- Put aside any personal knowledge of the circumstances surrounding the case
- Do not do any independent research
- Ignore media coverage



Quasi-Legislative Action:

Limited authority delegated to agencies by the Legislature to make regulatory policy pursuant to specific delegated authority set forth in statute.

More Simply Put: Rulemaking



When acting in a Quasi-Legislative capacity you can act like a legislator:

1. Consider all rule proposals on the agenda except those in which you may be disqualified due to a conflict of interest.

112.3143 Voting Conflicts. -

(4) No appointed public officer shall participate in any matter which would inure to the officer's special private gain or loss; which the officer knows would inure to the special private gain or loss of any principal by whom he or she is retained or to the parent organization or subsidiary of a corporate principal by which he or she is retained; or which he or she knows would inure to the special private gain or loss of a relative or business associate of the public officer, without first disclosing the nature of his or her interest in the matter.

When acting in a Quasi-Legislative capacity you can act like a legislator:

Example 1: Acupuncturist who sits on the Florida Board of Acupuncture votes for a standard of practice rule that requires all Florida licensed acupuncturists to use disposable acupuncture needles. This same acupuncturist's spouse owns and operates the only Florida company that sells and distributes disposable acupuncture needles. Conflict of Interest?



Example 2: Physician Board member votes to reduce licensure renewal fees for all Florida licensed physicians. Conflict of Interest?

When acting in a Quasi-Legislative capacity you can act like a legislator:

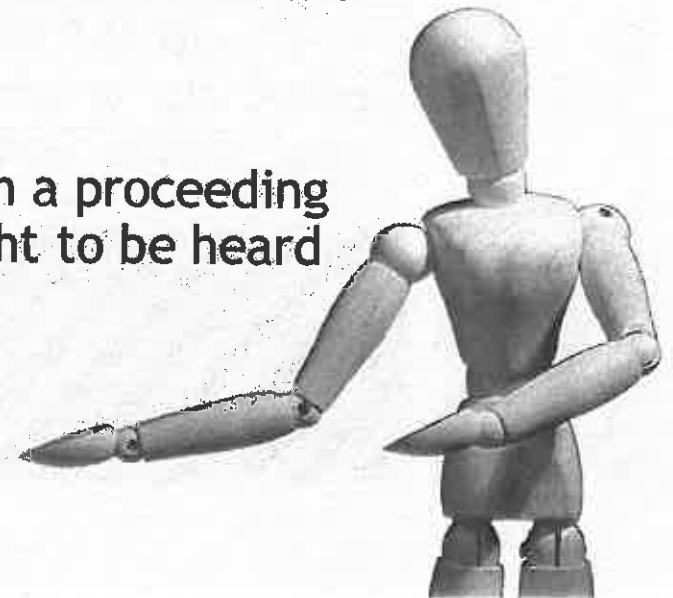
2. Must be faithful to the law
 - Specific rulemaking authority
 - Avoid anticompetitive actions



How about avoiding partisan interests, public clamor, or fear of criticism?

When acting in a Quasi-Legislative capacity you can act like a legislator:

4. Must be patient, dignified, and courteous to interested parties, witnesses, lawyers, and others with whom Board members deal in an official capacity, and shall require similar conduct of board counsel and of staff.
5. Accord to every person who has a legal interest in a proceeding before the Board, or that person's lawyer, the right to be heard according to law.



When acting in a Quasi-Legislative capacity you can act like a legislator:

6. May initiate, permit, or consider ex parte communications, may consider other communications made to you outside of the Board meeting. In other words, its ok for people to lobby you on rulemaking issues.
7. Rulemaking decisions can be based on personal knowledge and information obtained from a broad spectrum of sources.
 - May discuss with outside sources
 - May consider your personal knowledge on the issue
 - May do independent research
 - Ignore media coverage?



When acting in a Quasi-Legislative capacity you can act like a legislator:

8. Must make sure that all the information used by Board members when making rulemaking decision become part of the official rule record.
9. Must assure that the rule is supported by logic or the necessary facts, i.e. it can't be arbitrary. The rule cannot be adopted without thought or reason or is irrational, i.e. it can't be capricious.





Questions?

64B3-2.003 Definitions.

(1) Accredited means accredited by a regional accrediting agency for colleges and universities recognized by the U.S. Department of Education.

(2) Approved laboratory means a clinical laboratory licensed under Section 483.091, F.S., or federal or out-of-state laboratories which have standards equivalent to those prescribed in Chapter 483, Part I, F.S., and the rules promulgated thereunder.

(3) Year means a calendar year of twelve months duration except in the phrase "one year of full time experience".

(4) One year of full time experience means a minimum of 1500 hours amassed in not less than twelve months nor more than thirty-six months.

(5) Academic science is a science course with a chemical or biological science prefix. Acceptable courses include general chemistry, organic chemistry, biochemistry, qualitative or quantitative analysis, general biology, zoology, physiology, comparative anatomy, bacteriology, parasitology, cell biology, physics and immunology. For purposes of this rule, the courses of geology, astronomy, entomology, oceanography, marine biology and physical science or remedial, preparatory or introductory science courses shall not be acceptable.

(6) Applied science is a physical, chemical or biological science course which is specific to a major and directly prepares the individual for performance in a specific profession. Examples of such courses are chemistry for health science majors or nurses, clinical chemistry, clinical microbiology, clinical hematology, advanced entomology, and oceanography.

(7) Pertinent clinical laboratory experience is experience in a clinical laboratory as defined in Section 483.041(2), F.S. If acquired in-state or in a state where licensure is required, experience must be accrued while licensed and working in a licensed laboratory unless otherwise authorized by the administrative rules of this Board. Experience acquired as a part of a training program may not be used as pertinent clinical laboratory experience. Exempt experience may not be utilized with the exception of experience in federal laboratories. Experience in industrial laboratories is not considered pertinent clinical laboratory experience. Experience in research laboratories is not considered pertinent clinical laboratory experience unless the research experience involved human subjects and used methodologies, quality control and quality assurance techniques comparable to those of clinical laboratories. If all of these requirements are met the Board will review the research experience to determine if it is relevant experience. If research experience was acquired under an exemption clause, it may not be utilized as pertinent clinical laboratory experience. Experience acquired in an exclusive use laboratory environment, waived laboratory environment or alternate site testing environment is generally unacceptable unless specifically authorized by rules of this Board.

(8) Accredited program means a clinical laboratory personnel training program that is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), Commission on Accreditation of Allied Health Education Programs (CAAHEP), or Accrediting Bureau of Health Education Schools (ABHES).

(9) Independent practice means the authority to perform clinical laboratory tests and release the results of such tests without direct supervision.

(10) Semester hour means one hour of credit in an accredited college or university, pursuant to subsection 64B3-2.003(1), F.A.C., or foreign education equated, pursuant to subsection 64B3-6.002(6), F.A.C.

(11) Sexual misconduct is any direct or indirect physical contact by any clinical laboratory personnel and a patient which is intended to erotically stimulate either person or which is likely to cause such stimulation. Sexual misconduct includes sexual intercourse, fellatio, cunnilingus, masturbation or anal intercourse. Sexual misconduct also includes: making suggestive, lewd or lascivious remarks to a patient or performing such acts in the presence of a patient and intentionally touching a patient's breast(s) or sexual organs for non-laboratory related purposes regardless of whether the patient is clothed.

(12) High complexity testing is clinical laboratory testing as defined in 42 CFR 493.5 and 42 CFR 493.25, which are incorporated by reference.

(13) Moderate complexity testing is clinical laboratory testing as defined in 42 CFR 493.5 and 42 CFR 493.20, which are incorporated by reference.

(14) Waived testing is clinical laboratory testing as defined in 42 CFR 493.5 and 42 CFR 493.15, which are hereby incorporated by reference.

(15) Board approved program is a training program or a continuing education program approved by the Board pursuant to this chapter.

(16) Screening for Blood Banks or Plasmapheresis Centers means interviewing prospective donors in a blood bank or plasmapheresis center during which a hemoglobin test using a method classified as waived, a spun hematocrit or a total protein by

the refractometer method may be performed.

(17) Manual Pretesting procedures means collecting and labeling specimens; initially separating specimens by centrifugation prior to testing; receiving specimens and requisitions, processing, sorting, accessioning, prior to testing and delivering specimens to the appropriate testing sites; specimen processing for storage and shipping to a reference laboratory; routine hematology and microbiology slide preparation from a primary sample; loading automated stainers; loading specimens onto automated sampling or processing systems; cytopreparatory staining; measuring and aliquoting specimens; and direct primary inoculation of microbiology cultures. Placement of specimens onto an automated instrument or system is considered a manual pretesting duty, provided it does not include any activity that initiates the analytic process.

Rulemaking Authority 483.805(4), 483.811(2) FS. Law Implemented 483.803, 483.811, 483.821, 483.823 FS. History—New 11-4-93, Formerly 61F3-2.003, Amended 11-21-94, 11-30-94, 12-26-94, 5-3-95, 7-12-95, Formerly 59O-2.003, Amended 3-19-98, 12-13-98, 3-28-99, 9-12-99, 11-15-99, 3-24-02, 10-30-02, 2-1-04, 1-8-06, 8-14-06, 1-30-12, 2-7-13, 11-25-14, 2-23-16.

64B3-5.002 Supervisor.**Qualifications and Responsibilities.**

(1) Qualification. Degrees or semester hours of academic credit required in this section shall be obtained at a regionally accredited college or university or by foreign education equated pursuant to subsection 64B3-6.002(6), F.A.C.

(2) To be licensed as a supervisor, an applicant: shall be licensed or meet the requirements for licensure as a technologist; have a Board approved 2-hour course relating to the prevention of medical errors, which shall include root-cause analysis, error reduction and prevention, patient safety; complete a one-hour educational course acceptable to the Department on human immunodeficiency virus and acquired immune deficiency syndrome; and meet the requirements of one of the options set forth in subsection (3) below:

(3)(a) Microbiology, Serology/Immunology, Clinical Chemistry, Hematology, Immunohematology, Blood Banking (Donor Processing), Cytogenetics.

Education	Option	Training/Experience	Certification
Doctoral Degree in Clinical Laboratory, Chemical or Biological Science	1a	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 or GS(ABB)	As required for technologist licensure.
	1b	1 year of pertinent clinical laboratory experience in the specialty area in which licensure is sought	DLM (ASCP) or SC(ASCP) for clinical chemistry SH (ASCP) for hematology and SBB(ASCP) for blood banking and immunohematology SM (ASCP) for microbiology TS(ABB) for specialty sought
Masters Degree in Clinical Laboratory, Chemical or Biological Science	2a	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 or GS(ABB)	As required for technologist licensure.
	2b	3 years of pertinent clinical laboratory experience, with at least 1 year experience in the specialty area in which licensure is sought	DLM (ASCP) or SC(ASCP) for clinical chemistry SH (ASCP) for hematology and SBB(ASCP) for blood banking and immunohematology SM (ASCP) for microbiology TS(ABB) for specialty sought
Bachelors Degree with 24 semester hours of academic science including 8 semester hours	3a	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 or GS(ABB)	As required for technologist licensure.

of biological sciences and 8 semester hours of chemical sciences	3b	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	DLM (ASCP) or SC(ASCP) for clinical chemistry SH (ASCP) for hematology and SBB(ASCP) for blood banking and immunohematology SM (ASCP) for microbiology TS(ABB) for specialty sought
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(b) Cytology.

Education	Option	Training/Experience	Certification
Doctoral Degree in Clinical Laboratory Science in Cytology	1a	1 year of pertinent clinical laboratory experience, and 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure.
	1b	1 year of pertinent clinical laboratory experience	SCT(ASCP)
Masters Degree in Clinical Laboratory Science in Cytology	2a	3 years of pertinent clinical laboratory experience, and 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure.
	2b	3 years of pertinent clinical laboratory experience	SCT(ASCP)
Bachelors Degree with 16 semester hours of academic science	3a	5 years of pertinent clinical laboratory experience in cytology, and 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure.
	3b	5 years of pertinent clinical laboratory experience in cytology	SCT(ASCP)
Associate Degree	4	10 years of pertinent clinical laboratory experience in cytology within the previous 15 years	ASCP certification prior to 1985.

(c) Histology.

Education	Option	Training/Experience	Certification
as required by certifying body	1a	5 years of pertinent clinical laboratory experience in histology, and 25 hours of Board-approved continuing education in supervision and administration within the previous 5 years	HTL (ASCP)
	1b	5 years of pertinent clinical laboratory experience post-certification, and 48 hours of Board-approved continuing education in supervision and administration within the previous 5 years	HT (ASCP)
	1c	5 years of pertinent clinical laboratory experience, and 48 hours of Board-approved continuing	Not required

		education in supervision and administration within the previous 5 years, and Florida licensure as a technologist in the specialty of histology	
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(d) Andrology, Embryology.

Education	Option	Training/Experience	Certification
Doctoral Degree in Clinical Laboratory, Chemical, or Biological Science	1a	1 year of pertinent clinical laboratory experience, and 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure.
	1b	1 year of pertinent clinical laboratory experience in the specialty area in which licensure is sought	TS(ABB) for specialty sought.
Masters Degree in Clinical Laboratory, Chemical, or Biological Science	2a	3 years of pertinent clinical laboratory experience, and 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure.
	2b	3 years of pertinent clinical laboratory experience, with at least 1 year experience in the specialty area in which licensure is sought	TS(ABB) for specialty sought.

Bachelors Degree in Clinical Laboratory, Chemical, or Biological Science	3a	5 years of pertinent clinical laboratory experience, with at least 2 years experience in the specialty area in which licensure is sought, and 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure.
	3b	5 years of pertinent clinical laboratory experience, with at least 2 years experience in the category in which licensure is sought	TS(ABB) for specialty sought.

(e) Histocompatibility.

Education	Option	Training/Experience	Certification
as required by certifying body	1	as required by certifying body	CHS(ABHI)
Doctoral Degree in Clinical Laboratory, Chemical or Biological Science	2a	1 year of pertinent clinical laboratory experience, and 25 hours of Board-approved continuing education in supervision and administration GS(ABB)	As required for technologist licensure.
	2b	1 year of pertinent clinical laboratory experience	CHS(ABHI)
Masters Degree in Clinical Laboratory, Chemical or Biological Science	3a	3 years of pertinent clinical laboratory experience, and 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure.
	3b	Three years of pertinent clinical laboratory experience	CHS(ABHI)
Bachelors Degree in Clinical Laboratory, Chemical or Biological Science	4a	5 years of pertinent clinical laboratory experience, and 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure.
	4b	5 years of pertinent clinical laboratory experience	CHS(ABHI)

(f) Molecular Pathology.

Education	Option	Training/Experience	Certification
Doctoral Degree in Clinical Laboratory, Chemical or Biological Science	1a	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 or GS(ABB)	As required for technologist licensure.
	1b	1 year of pertinent clinical laboratory experience in the specialty area in which licensure is sought	The Molecular Diagnostics examination given by ABB or CHS(ABHI).

Masters Degree in Clinical Laboratory, Chemical or Biological Science	2a	3 years of pertinent clinical laboratory experience, and 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure.
	2b	3 years of pertinent clinical laboratory experience in the specialty area in which licensure is sought	The Molecular Diagnostics examination given by ABB or CHS(ABHI).
Bachelors Degree with 16 semester hours of academic science	3a	5 years of pertinent clinical laboratory experience with at least 2 years experience at the Technologist level, and 25 hours of Board-approved continuing education in supervision and administration or GS(ABB)	As required for technologist licensure.
	3b	5 years of pertinent clinical laboratory experience with at least 2 years experience at the Technologist level	The Molecular Diagnostics examination given by ABB or CHS(ABHI).

(4) The Board approved Supervision and Administration examinations, used in lieu of the required 25 hours of supervision and administration continuing education are:

(a) The Diplomate in Laboratory Management examination administered by the American Society for Clinical Pathology (ASCP);

(b) The Specialist in Blood Banking examination administered by ASCP for the specialties of Blood Banking and Immunohematology;

(c) The Specialist in Microbiology examination administered by ASCP for the specialty of microbiology;

(d) The Specialist in Cytotechnology examination administered by ASCP for the specialty of Cytology;

(e) The Specialist in Chemistry examination administered by ASCP for the specialty of Clinical Chemistry;

(f) The Specialist in Hematology examination administered by ASCP for the specialty of Hematology;

(g) The Certified Histocompatibility examination (CHS) administered by the American Board of Histocompatibility and Immunogenetics (ABHI);

(h) The Specialist in Andrology/Embryology examination administered by the American Board of Bioanalysis;

(i) The Specialist in Molecular Diagnostics examination administered by the American Board of Bioanalysis;

(j) The Generalist Supervisor examination administered by the American Board of Bioanalysis;

(k) The National Registry of Certified Chemists (NRCC) examinations.

Rulemaking Authority 483.805(4), 483.823 FS. Law Implemented 381.0034(3), 483.809, 483.823 FS. History—New 12-6-94, Amended 7-12-95, 12-4-95, Formerly 59O-5.002, Amended 5-26-98, 1-11-99, 6-10-99, 3-11-01, 9-19-01, 5-23-02, 10-14-02, 9-16-03, 4-20-04, 2-23-06, 5-25-06, 7-9-07, 2-7-08, 6-17-09, 1-30-12, 2-21-16.

64B3-5.003 Technologist.

(1) Technologist Qualifications. Degrees or semester hours of academic credit required in this section shall be obtained at a regionally accredited college or university or, if foreign education, equated pursuant to subsection 64B3-6.002(6), F.A.C. Applicants for technologist licensure in the categories of microbiology, serology/immunology, chemistry, hematology, immunohematology, histocompatibility, blood banking, cytology, cytogenetics, histology, molecular pathology, andrology and embryology shall have a Board approved 2-hour course relating to the prevention of medical errors, which shall include root-cause analysis, error reduction and prevention, and patient safety, and such applicants shall complete a one hour educational course acceptable to the Department on human immunodeficiency virus and acquired immune deficiency syndrome.

(2) All applicants for a Technologist license must satisfy the requirements for High Complexity Testing under CLIA Amendments, 42 CFR 493.1489, effective April 24, 1995, which is incorporated by reference herein and available at <http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol5/pdf/CFR-2011-title42-vol5-sec493-1489.pdf> or at <http://www.flrules.org/Gateway/reference.asp?No=Ref-05182>.

(3) In addition, at least one of the following requirements must be met for specific areas of licensure. In some cases there are multiple options for meeting the requirement.

(a) Microbiology, Serology/Immunology, Clinical Chemistry, Hematology, Immunohematology. A Generalist Technologist license includes the specialties of microbiology, serology/immunology, clinical chemistry, hematology, and immunohematology.

Education	Option	Training/Experience	Certification
Bachelors Degree (or higher) in Clinical Laboratory, Chemical, or Biological Science	1	Clinical laboratory training program, or 3 years experience with a minimum of 6 months in each specialty for which licensure is sought	MLS(ASCP), MT(ASCP ⁱ), MT(AMT), MT(AAB) NRCC examinations or specialist examinations in single discipline for licensure in that specialty area
90 semester hours college credit	2	Clinical laboratory training program	MLS(ASCP), MT(ASCP ⁱ), MT(AMT), MT(AAB), or specialist examinations in single discipline for licensure in that specialty area
Associate Degree in Clinical/Medical Laboratory Technology	3	as required by certifying body	MT(AAB) examinations, including specialist examinations, in single disciplines for licensure in that specialty area
Associate Degree	4a	Successfully completed a Department of Defense clinical laboratory training program	MT(AAB) examinations, including specialist examinations, in single disciplines for licensure in that specialty area
	4b	5 years of pertinent clinical laboratory experience with one year of experience in each specialty area for which licensure is sought	MT(AAB) examinations, including specialist examinations, in single disciplines for licensure in that specialty area

(b) Blood Banking
(Donor Processing)

Education	Option	Training/Experience	Certification
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Bachelors Degree (or higher) in Medical Technology	1	as required by certifying body	<ul style="list-style-type: none"> • MLS(ASCP), • MT(ASCPⁱ), • BB(ASCP), • SBB(ASCP), • MT(AAB), • MT(AMT)
Bachelors Degree (or higher) in Clinical Laboratory, Chemical, or Biological Science	1	Medical Technology Training program, or Board approved training program in Blood Banking, or 3 years experience in clinical laboratory experience in the areas of Chemistry, Serology/Immunology, Hematology, and Immunohematology and Blood Banking	<ul style="list-style-type: none"> • MLS(ASCP), • MT(ASCPⁱ), • BB(ASCP), • SBB(ASCP), • MT(AAB), • MT(AMT)

(c) Cytology.

Education	Option	Training/Experience	Certification
as required by certifying body	1	as required by certifying body	CT(ASCP)

(d) Cytogenetics.

Education	Option	Training/Experience	Certification
Bachelors Degree (or higher) with 30 hours of academic science	1	Board approved training program in cytogenetics at the technologist level or 1 year of pertinent clinical laboratory experience in cytogenetics	CG(ASCP)

(e) Molecular Pathology.

Education	Option	Training/Experience	Certification
Bachelors Degree (or higher) with 16 semester hours of academic science	1	as required by certifying body	MB(ASCP) or MT(AAB) Molecular Diagnostics examination CHT(ABHI)
as required by certifying body	2	One year pertinent clinical laboratory experience in molecular pathology	MB(ASCP) or MT(AAB) Molecular Diagnostics examination or CHT(ABHI)

(f) Andrology, Embryology.

Education	Option	Training/Experience	Certification
Bachelors Degree (or higher) with 24 semester hours of academic science	1	Board approved training program in Andrology/Embryology or 1 year of pertinent clinical laboratory experience	MT(AAB) Andrology/Embryology examination
Associate Degree	2	3 years of pertinent clinical laboratory experience	MT(AAB) Andrology/Embryology examination

(g) Histology.

Education	Option	Training/Experience	Certification
Associate Degree (or higher)	1	NAACLS-approved Histotechnology Program	HT(ASCP)
as required by certifying body	2a	as required by certifying body	HTL(ASCP)
60 semester hours 12 hours chemical/biological science	2b	Board approved training program	HT(ASCP)
As required by certifying body	2c	3 years of pertinent experience as Florida licensed histology technician or equivalent	HT(ASCP)QIHC
as required by certifying body	3a	5 years of pertinent experience, and 48 contact hours of continuing education in immunohistochemistry/advanced histologic techniques	HT(ASCP)
	3b	5 years of pertinent experience, and 48 contact hours of continuing education in immunohistochemistry/advanced histologic techniques, and licensure as a technician in the specialty of histology	Not required

(h) Histocompatibility.

Education	Option	Training/Experience	Certification
as required by certifying body	1	as required by certifying body	CHT(ABHI)

Rulemaking Authority 483.805(4), 483.811(2), 483.823 FS. Law Implemented 381.0034(3), 483.809, 483.811(2), 483.823 FS. History—New 12-6-94, Amended 7-12-95, 9-10-95, 12-4-95, Formerly 590-5.003, Amended 5-26-98, 1-11-99, 7-5-01, 3-24-02, 10-29-02, 8-16-04, 5-15-05, 12-19-05, 5-25-06, 7-9-07, 2-7-08, 6-17-09, 1-30-12, 2-7-13, 10-3-13, 4-5-15, 6-16-15.

64B3-5.004 Technician.

(1) General Qualifications. Degrees or semester hours of academic credit required in this section shall be obtained at a regionally accredited college or university, or by foreign education equated pursuant to subsection 64B3-6.002(6), F.A.C. In order to be licensed as a laboratory technician, which includes the categories of microbiology, serology/immunology, chemistry, hematology, immunohematology, histology, molecular pathology, andrology and embryology, an applicant shall have a Board approved 2-hour course relating to the prevention of medical errors, which shall include root-cause analysis, error reduction and prevention, and patient safety. The applicant shall complete a one hour educational course acceptable to the department on human immunodeficiency virus and acquired immune deficiency syndrome.

(2) All applicants for a Technician license must satisfy the requirements for Moderate Complexity Testing under CLIA Amendments, 42 CFR 493.1423 as published on October 1, 2007. Technicians performing high complexity testing as defined in 42 CFR 493.5 and 493.17 as published on October 1, 2007, and who have been licensed after September 1, 1997, shall meet the minimum educational and training qualifications provided in 42 CFR 493.1489 as published on October 1, 2007, incorporated herein by reference, including a minimum of an associate degree in laboratory science, medical laboratory technology, or equivalent education and training.

(3) In addition, at least one of the following requirements must be met for specific areas of licensure. In some cases there are multiple options for meeting the requirement.

(a) Microbiology, Serology/Immunology, Clinical Chemistry, Hematology, Immunohematology

Education	Option	Training/Experience	Certification
Bachelors Degree (or higher)	1	3 years of pertinent clinical laboratory experience within the 10 years preceding application for licensure	<ul style="list-style-type: none"> • MLT(ASCP), • MLT(ASCPⁱ), • MLT(AMT), • MLT(AAB)
Associate Degree	2	4 years of pertinent clinical laboratory experience within the 10 years preceding application for licensure	<ul style="list-style-type: none"> • MLT(ASCP), • MLT(ASCPⁱ), • MLT(AMT), • MLT(AAB)
as required by certifying body	3	<ul style="list-style-type: none"> • Approved clinical/medical laboratory training program, or • 5 years of pertinent clinical laboratory experience within the 10 years preceding application for licensure 	<ul style="list-style-type: none"> • MLT(ASCP), • MLT(ASCPⁱ), • MLT(AMT), • MLT(AAB)

(b) Histology

Education	Option	Training/Experience	Certification
as required by certifying body	1	as required by certifying body	HT(ASCP)

(c) Andrology, Embryology

Education	Option	Training/Experience	Certification
Bachelors Degree (or higher)	1	6 months of pertinent clinical laboratory experience	MLT(AAB) for specialty sought
Associate Degree	2	5 years of pertinent clinical laboratory experience	MLT(AAB) for specialty sought
as required by	3	Approved clinical/medical laboratory training program	MLT(AAB) for specialty sought

certifying body			
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(d) Molecular Pathology

Education	Option	Training/Experience	Certification
High school diploma or High school equivalent	1	Licensed clinical laboratory technologist or technician in any specialty area	MLT (AAB) Molecular Diagnostics Examination

Rulemaking Authority 483.805(4), 483.811(2), 483.823 FS. Law Implemented 381.0034, 483.809, 483.811(2), 483.823 FS. History—New 12-6-94, Amended 7-12-95, 12-4-95, Formerly 59O-5.004, Amended 5-26-98, 9-20-98, 1-11-99, 8-31-99, 9-27-00, 12-26-00, 4-29-02, 10-29-02, 2-11-03, 4-20-04, 2-23-06, 5-25-06, 12-5-07, 1-30-12, 10-3-13.

64B3-5.008 Public Health Laboratory Personnel.

(1) Applicants for director level licensure in the category of public health must meet the requirements in Rule 64B3-5.007, F.A.C., for licensees at the Director level in chemistry or microbiology.

(2) Applicants for supervisor level licensure in the category of public health must meet the requirements in Rule 64B3-5.002, F.A.C., for licensure at the supervisory level.

(3) Applicants for technologist or technician level licensure in the category of public health shall qualify pursuant to the provisions of Section 483.812, F.S.

(4) All applicants for licensure as a Public Health Laboratory Scientist shall apply to the Department on Form # DH-MQA 3001 (12/12) "Application for Public Health Laboratory Scientist" which is incorporated by reference herein, copies of which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-02256> or the Board office at 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257 or from its website at <http://www.doh.state.fl.us/mqa/ClinLab/index.html>.

Rulemaking Authority 483.805(4) FS. Law Implemented 483.812 FS. History--New 5-26-98, Amended 4-20-04, 6-17-09, 5-6-10, 7-20-10, 3-24-13.

- a. Budget – Dr. Morgan
- b. Continuing Education – Ms. Valdes
- c. Credentials – Ms. Van Siclen
- d. Disciplinary Compliance – Dr. Montoya
- e. Examination – Dr. Montoya
- f. Healthiest Weight – Ms. Valdes
- g. Legislation – Dr. Montoya
- h. Probable Cause – Dr. Morgan
- i. Professional Association – Mr. Shelfer
- j. Rules – Ms. Van Siclen
- k. Training Program – Mr. Shelfer
- l. Unlicensed Activity – Ms. Valdes