



Name: _____

Board of Clinical Laboratory Personnel

4052 Bald Cypress Way, Bin C-07

Tallahassee, FL 32399-3258

APPLICANT SIGNATURE

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

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067, 775.082, 775.083, and 775.084, F.S.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature _____ Date _____
MM/DD/YYYY

State of _____ County of _____

Sworn to and/or subscribed before me this _____ day of _____, 20 _____

By _____ whose identity is known to me by _____

Notary Signature _____ Printed Name of Notary _____

These fields cannot be typed. You must print out the application and sign it before a notary public.