

NATIONAL REGISTRY OF CERTIFIED CHEMISTS

125 Rose Ann Lane, West Grove, PA 19390
610-322-0657 (phone) / 800-858-6273 (fax) / rphifer@nrcc6.org (email)

APPLICATION FOR CERTIFICATION AS A CLINICAL CHEMIST
(SEE NRCC STANDARDS FOR FULL DETAILS ON CERTIFICATION BY NRCC)
PLEASE TYPE OR PRINT ALL INFORMATION

(Attach additional sheets of paper if needed to answer questions fully.)

Date of Application _____

THIS APPLICATION WILL EXPIRE 24 MONTHS AFTER THE DATE OF APPLICATION.

Title of Applicant: Dr. Miss Mr. Mrs. Ms. Other _____

First Name or Initial Middle Name or Initial Last Name

Maiden name, if applicable (for transcripts) _____

Home Address _____

Work Address _____

Home E-mail _____

Work E-mail _____

Preferred Address for Postal Mail: Home Work

Preferred Address for Email: Home Work.

Work Phone # _____

Fax Telephone # _____

Birth Place _____

Citizenship (Country) _____

Visa Type (if applicable) _____

Preferred Examination Site (City, State) _____

Application # _____	Date Rec'd _____		
Appl Fee \$ _____	Exam Fee \$ _____		
Credentials Committee Action:			
Member	Date Sent	Returned	Action
_____	_____	_____	_____
_____	_____	_____	_____
Board Action	_____	_____	_____
Exam (1) Place	_____	_____	_____
Date	_____	Result	_____
(2) Place	_____	_____	_____
Date	_____	Result	_____
(3) Place	_____	_____	_____
Date	_____	Result	_____
Certificate #	_____	Date	_____

Attach here a recent photograph, which you have signed on the front side. (Do not obliterate face.)
(Copy of driver's license is acceptable.)

EDUCATION

(Only applicants with a PhD degree are eligible for Laboratory Director of High Complexity Testing positions. Those applicants with a MS degree may apply for certification and meet CLIA requirements at a later date. See General Certification Standards.)

*Transcripts from all schools **must** be sent by institutions **directly** to NRCC.*

*Applicants with education obtained at an institution outside the United States and Canada must, at their expense, have credentials evaluated by an evaluating agency acceptable to the Registry. **Evaluation reports must show course titles and equivalent hours and must be sent by agencies directly to NRCC.***

DEGREE	DATE	MAJOR	NAME & ADDRESS OF INSTITUTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT MEMBERSHIP IN SCIENTIFIC ORGANIZATIONS

CURRENT CERTIFICATION, REGISTRATION, OR LICENSURE

REFERENCES

List the names and addresses of 3 professionally competent persons who are not related to you and who have definite knowledge of your training and experience in recent years and to whom you have distributed reference forms. At least one of these references should be your current or immediate past supervisor.

Current or immediate past supervisor:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

**Reference forms must be sent by references directly to the Executive Director, NRCC. These can be sent electronically to rphifer@nrcc6.org.*

EXPERIENCE

Note: Only candidates with sufficient **clinical laboratory experience** (e.g CLIA labs) can be considered for certification. Experience acquired in non-diagnostic labs (hospital or referral) **cannot** be considered for eligibility of certification. Non-traditional research laboratory experience (academic research labs, industry R&D labs, clinical trial laboratories, etc.) that includes significant work dealing with human specimens may be considered acceptable by the Board on a case-by-case basis.

From: _____ To:

Job Title:

Employer: _____

Supervisor: _____

Detailed duties responsibilities, activities, etc (attached additional pages, if necessary):

From: _____ To:

Job Title: _____

Employer: _____

Supervisor: _____

Detailed Duties, Responsibilities, Activities (attached additional pages, if necessary):

From: _____ To:

Job Title:

Employer: _____ Supervisor: _____

Detailed Duties, Responsibilities, Activities (attached additional pages, if necessary):

PERSONAL STATEMENT

Submit a personal statement briefly specifying your clinical laboratory experience/duties/involvement (e.g. tests development and implementation, interpretation/review of patient’s results, clinical calls, etc.) AND reasons of seeking this board certification. **Be as clear, specific and detailed as possible. Use additional pages if necessary and attach it to the application.**

DECLARATION AND SIGNATURE

(Please complete all fields and see payment information)

I, _____ swear or affirm under the penalties of perjury that I am the applicant named in this application and that the photograph attached hereto is of me; that I have made or read the contents hereof, and that to the best of my knowledge, information, and belief the foregoing statements and answers are true.

In making this application to the National Registry of Certified Chemists (NRCC) for the issuance to me of a Certificate, all in accordance with and subject to NRCC's Articles of Incorporation, Bylaws, and such other governing provisions as, from time to time, are in force (hereinafter collectively referred to as it regulations), I agree to disqualification from the issuance to me of a Certificate, suspension of such Certificate, revocation of such Certificate, or to the surrender of such Certificate to the National Registry of Certified Chemists, in the event of any misstatement or misrepresentation in this application or in the event that any of the aforementioned regulations applicable to such Certificate are violated by me, as determined by National Registry of Certified Chemists, its directors, officers, staff members, examiners, and agents free from any claim, damage, or liability by reason of action they, or any of them, may take in respect of this application including, but not limited to, the failure of the National Registry of Certified Chemists to issue me such Certificate or the suspension, revocation, or making of any demand for the surrender of an issued Certificate, or the removal of my name from any list of holders of such Certificates.

In order to make an evaluation of this application, I authorize the copying of this application and any supporting documents, including, but not limited to references and transcripts, and transmission of such copies to National Registry of Certified Chemists directors, officers, staff members, examiners, and their agents by any means necessary, including, but not limited to, postal mail, electronic mail, and facsimile machine.

I understand and acknowledge that the certification status of chemists, technologists, technicians, and chemical hygiene officers certified by National Registry of Certified Chemists is a matter of public record. The National Registry of Certified Chemists will confirm whether or not an individual is a chemist, technologist, technician, or chemical hygiene officer certified by National Registry of Certified Chemists when a request is made by any individual, government entity, or business entity. Such confirmation will include the name, last known address, certification date and recertification date of the certified chemist, technologist, technician, or chemical hygiene officer. I further understand and acknowledge that National Registry of Certified Chemists publishes a listing of those applicants who have been certified and/or recertified by National Registry of Certified Chemists. The listing is published in a newsletter and/or Directory by National Registry of Certified Chemists and contains names, last known address, certification date and recertification date of the certified chemist, technologist, technician, or chemical hygiene officer.

SIGNATURE OF APPLICANT

APPLICANT PRINTED NAME

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

NOTARY SIGNATURE

(NOTARIAL SEAL) Notary Public in and for the State of _____

My Commission expires _____

FEES

\$150.00 Application Fee to be paid with application. \$175.00 Examination Fee to be paid after application is approved and before examination is scheduled. Checks or money orders should be made payable to NRCC. Fees are not refundable. Credit card payments are acceptable – see last page of this packet. Purchase Orders are acceptable. Receipts will be provided upon request.

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PAYMENT

APPLICANT NAME: _____

To pay by credit card, please complete the following form. All credit cards are processed through the First Data secure payment system.

Name on Card:
Visa, Mastercard, or American Express Card #:
Expiration date:
We do not need a three-digit Security key at this time.

Thank you! Please let us know if you have any questions. This page will be shredded immediately upon entry into the system. We do not retain credit card information.