



STATE OF TENNESSEE
 MEDICAL LABORATORY
 BOARD
 METRO CENTER COMPLEX
 SECOND FLOOR
 665 MAINSTREAM DRIVE
 NASHVILLE TN 37243

Fee: No Cost

TRAINING PERMIT APPLICATION

Tennessee Medical Laboratory Board

Category (Check Applicable Category)

<input type="checkbox"/> Technologist - General <input type="checkbox"/> Chemistry <input type="checkbox"/> Hematology <input type="checkbox"/> Microbiology <input type="checkbox"/> Immunochemistry <input type="checkbox"/> Toxicology <input type="checkbox"/> Technician - General <input type="checkbox"/> Special Analyst <input type="checkbox"/> Histocompatibility <input type="checkbox"/> Molecular Diagnostics <input type="checkbox"/> Cytology <input type="checkbox"/> Cytogenetics	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><u>Last Name</u></td> <td style="width: 25%;"><u>First</u></td> <td style="width: 10%;"><u>MI</u></td> <td style="width: 40%;"><u>Maiden</u></td> </tr> <tr> <td colspan="4"><u>Address</u></td> </tr> <tr> <td><u>City</u></td> <td><u>State</u></td> <td colspan="2"><u>Zip Code</u></td> </tr> <tr> <td colspan="2">Sex (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female</td> <td colspan="2">Race (Optional) <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (specify)</td> </tr> <tr> <td colspan="2">Clinical Dates of Rotation _____ thru _____</td> <td colspan="2">Birthdate (month/day/year)</td> </tr> <tr> <td colspan="2">Other specify: _____</td> <td colspan="2">Social Security #</td> </tr> </table>	<u>Last Name</u>	<u>First</u>	<u>MI</u>	<u>Maiden</u>	<u>Address</u>				<u>City</u>	<u>State</u>	<u>Zip Code</u>		Sex (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female		Race (Optional) <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (specify)		Clinical Dates of Rotation _____ thru _____		Birthdate (month/day/year)		Other specify: _____		Social Security #	
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Citizenship U.S.A. Other (specify) _____ Telephone Number _____
 Home () _____ Work() _____

Are you currently in good physical and mental health?	If no, explain: Explanation(s)
Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION INFORMATION					
Name of High School	Address of School:	Dates of Attendance	Year Awarded	Degree/Diploma	Major
College/University	Address of School:	Dates of Attendance	Year Awarded	Degree/Diploma	Major
Laboratory School	Address of School:	Science/Math Course Descriptions (use back if necessary):			Semester Hours
		Chemistry	Biology	Math	Chem
					Biology
					Math
Clinical Internship	Address of School:				

Signature and Date/Medical Director	Office Use Only: <input type="checkbox"/> Consultant approval and notes	Signature and Date/Trainee
Signature and Date/Teaching Supervisor		Permit Becomes Null And Void Upon Graduation Of Trainee JAG/Training Permit Application. (8/2014)