



**Application for certification as a
CERTIFIED LABORATORY CONSULTANT – CLC (AMT)**

The ***Certified Laboratory Consultant*** is a professional laboratory expert who functions independently in providing laboratory-related guidance to healthcare facilities. The *Consultant* possesses expertise as a generalist or may provide services as a specialist in one or more disciplines.

**Candidate Identification Information
(Please type or print)**

Last name	First name	Middle initial
Permanent or mailing address		
City	State	Zip + 4
Date of Birth	Soc. Sec. #	
Day Phone	E-mail	Date

IMPORTANT NOTICE TO APPLICANT

Qualified applicants are considered for certification without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or disability.

Do not write in space below

Date application Received ___/___/___ Date approved ___/___/___ Approved by _____

Application rejected by _____ Reason _____ Date Notified ___/___/___

Granted Certificate # _____ Date of Issue ___/___/___

CERTIFIED LABORATORY CONSULTANT

Certification Requirements

Recognizing that the consultant pool is very heterogeneous with respect to background, areas of specialization, and client base, the CLC designation has been designed to allow for this diversity. Certification is granted to candidates who earn 125 or more points across the areas outlined in the following sections. NOTE: Certain requirements are mandatory. In the areas below, please check boxes and attach supporting documentation as appropriate. AMT recommends that applicants follow the instructions found in the "Candidate Guide to Successful CLC (AMT) Certification" to complete this application. If you did not receive a copy with your application, one may be requested from AMT.

I. Intent to Provide Services (30 maximum points). Mandatory requirement.

Verification of at least three (3) years experience as a consultant. DEFINITION: Three (3) years means at least 36 months prior to the day of your submission.

Check the arrangement, which describes your practice, and verify length of operation:

- I am an independent consultant operating under a formalized business** (business recorded on some form of public record). Attach proof of formal business establishment. (Refer to the "Candidate Guide to Successful CLC (AMT) Certification".) **30 points**

- I am an independent consultant operating without a formalized business.** Attach three (3) letters of endorsement from current or past clients. At least one (1) letter must be dated at least three (3) years prior to the date of your submission. (Refer to the Candidate's Guide".) **20 points**

- I am an internal consultant with a consulting firm, reference laboratory, or medical laboratory in which I am under contract (or otherwise obligated) to consult as one or more of my primary duties.** (Refer to the "Candidate's Guide" for documentation required.) **20 points**
 - My submitted documentation verifies that I have served in (1) of the three (3) consulting arrangements checked above, for a minimum of 3 years, from:**

_____/_____/_____ to ____/____/____; Total of ____ months
Mo. Day Year Mo. Day Year

- I have experience in a combination of two or more of the above consulting arrangements.** (Refer to the "Candidate's Guide" for documentation required.) **20 points**

VIII. Professional Activities (25 MAXIMUM POINTS)

Laboratory, business, or management books or articles written within the past 4 years.

Title/Date/Authors: _____

Title/Date/Authors: _____

Attach cover or titles pages of each reference. Up to 2 references allowed for a maximum of **20 points** for this option. (10 points each).

Professional presentations given in laboratory-related subjects within the past 4 years.

Title/Date: _____ Title/Date: _____

Attach verification/validation of presentation. Up to 2 presentations allowed for a maximum of **10 points** for this option. (5 points each).

Offices held in professional laboratory associations within the past 4 years.

Office/Org./Date: _____ Office/Org./Date: _____

Attach verification of holding office. Up to 2 activities allowed for a maximum of **10 points** for this option. (5 points each).

Meeting/Date: _____ Meeting/Date: _____

Meeting/Date: _____ Meeting/Date: _____

Meeting/Date: _____ Meeting/Date: _____

Attach verification/validation of attendance. **Up to 5 meetings** allowed for a maximum of **10 points** for this option. (2 points each).

AGREEMENT

I consent to give AMT the authority to request the necessary information from individuals, institutions, and/or organizations named herein in order to validate credentials for certification. I certify that the statements made herein are true and correct, to my knowledge and belief, and realize that certification is subject to revocations for misrepresentation. If accepted as a certificant, I agree to uphold and abide by the Standards of practice and Bylaws of American Medical Technologists. I agree not to hold AMT liable for lost income or business if the application is denied, or if certification is revoked in the future. I am not presently on any excluded provider list. Names of individuals found to have submitted false application information, or who have had a certificate revoked, will be maintained and made available to other parties with a legitimate interest in certificant status.

ENCLOSED HERewith IS MY NON-REFUNDABLE APPLICATION FEE OF ONE-HUNDRED AND FIFTY DOLLARS (\$150.00).

Date: _____ Applicant's Signature: _____

Make all checks or money orders payable to:

**AMERICAN MEDICAL TECHNOLOGISTS
10700 W. Higgins Road Suite 150 • Rosemont, Illinois 60018 • Phone: (847) 823-5169**