Research Article

Professional Misconduct Discipline in New York State Clinical Laboratories, 2006-2024

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Article Info

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Abstract

Since its implementation in 2006, the New York State Clinical Laboratory Practice Act has licensed 30,287 professionals. As of 2024, 56 disciplinary actions (0.18%) have been recorded, mostly due to criminal convictions (64.3%), particularly DWI, followed by fraudulent applications (23.2%) and workplace violations (12.5%). Males comprised 57% of the disciplined population, 66.7% of those fined, and 78.6% of the total fines paid. Most significant disciplinary outcome included 22 individuals (39.2%) that lost their licenses through annulment (n=13), revocation (n=2), surrender (n=5), and actual suspension (n=2). Laboratory disciplinary outcomes include 3 license surrenders and 1 actual suspension of at least two years (57.1% of workplace actions). Among cases triggered by criminal conviction, 2 licenses were surrendered and 2 revoked (11.1%). The data indicate rare but patterned misconduct, with notable gender disparities in penalties and license terminations.

Background

The New York State (NYS) Clinical Laboratory Practice Act (CLPA), signed by Governor George Pataki on January 30, 2005, and effective September 1, 2006, established licensure for Clinical Laboratory Technologists (CLT), Certified Clinical Laboratory Technicians (CTN), and Cytotechnologists (CT), later expanding to Histotechnicians, Histotechnologists, and CLTs-Restricted [1]. The law followed a 15-year campaign by the Professional Standards Coalition for Clinical Laboratory Personnel (PSCCLP), a consortium of 21 organizations advocating for education-based licensure and standardized competency testing [2]. With only 20 months for implementation, the State Education Department (SED) built regulatory infrastructure, appointed leadership, and issued initial licenses by September 15, 2006.

The State Board (SB) for the Professions, appointed by the Board of Regents (BOR), advises the SED on regulations, discipline, and standards. SB members serve as Public Officers and participate in panels and policy development [3]. The SED's Office of the Professions (OP) oversees licensure for 63 professions via 36 SBs; 33 require continuing education, and 18 mandate child abuse/maltreatment training [4]. The Office of Professional Discipline (OPD) investigates misconduct, with final decisions made by the BOR in consultation with SB members [5].

Licensure defines entry-level qualifications, scope of practice, and title protection. Licenses are permanent unless revoked, while registration permits practice within a set period [6]. Ethical conduct and public welfare are core to licensure [7]. Applicants must show good moral character, verified through background checks at initial application and triennial renewal [8]. False or incomplete submissions may invoke perjury laws [9]. Hearings may be convened before SB and OPD panels, and post-licensure complaints or court findings may trigger investigations under Part 29 of Title VIII, Unprofessional Conduct [10].

This observational study analyzes anonymized, publicly available data to identify trends in professional misconduct discipline (PMD) within the Clinical Laboratory Technology Profession (CLTP) in NYS from September 15, 2006, through 2024.

Methods

Data was retrieved from the publicly available final disciplinary actions from the NYS-SED OP website's Enforcement navigation tab [11]. Further information was retrieved from the Verification & Certifications navigation tab [12]. Data on all PMD within the CLTP was collected from September 15, 2006, to December. 31, 2024. Gender was inferred from first names. All gender determinations were validated against two online tools, yielding 100% concordance across methods [13-14]. No appeals were made to the courts regarding the disciplinary cases [15].

The data outlines anonymous demographic categorization of PMD cases by gender and professional title, forming the basis for a statewide profile.

Writing was aided by the free version of Grammarly and by Microsoft CoPilot, an artificial intelligence product to assist with language refinement, readability, and grammatical improvements. These tools were used to enhance the clarity of the writing, suggest more concise wording, and verify grammatical accuracy. All content was carefully reviewed, edited, and verified for accuracy. The author takes full responsibility for the final content.

Results

Between 2006–2024, 30,287 CLTP licenses were issued across six title codes: 56 faced discipline (0.18%). CTN (Title code (TC) 094) had the highest rate (0.57%), followed by CLT (TC 090/092) at 0.13%, and CT (TC 093) at 0.10%. No cases were reported for Histotechnicians (TC 091) or Histotechnologists (TC 095) (Table 1).

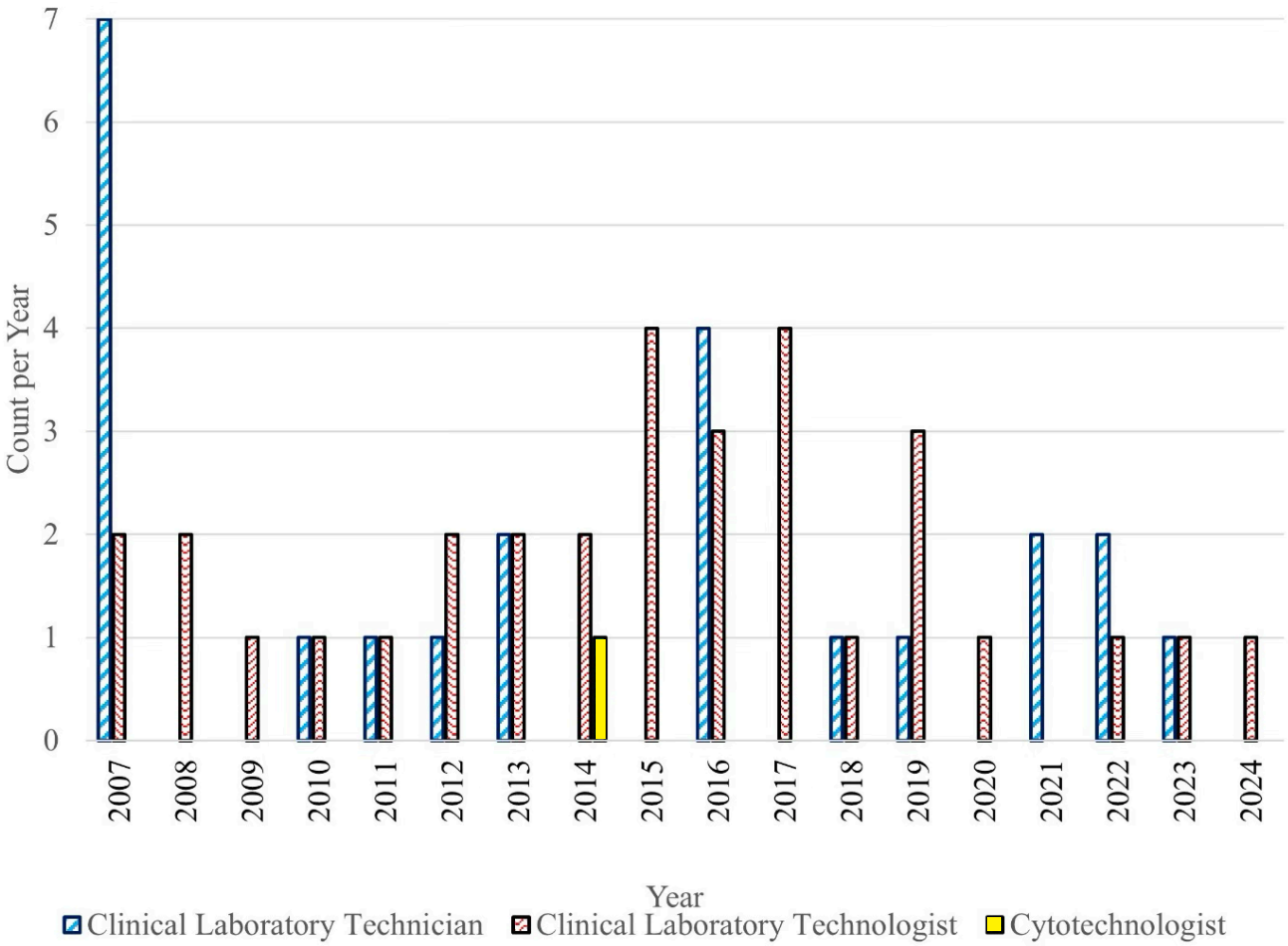
Table 1: Disciplinary Cases as a Percent of Total Clinical Laboratory Licenses Issued from 2006-2024.

Title Code: License Title	Date First Issued	Last License Number through 2024	Number of Disciplinary cases 2006-2024	Percent of Discipline cases by title
091: Histotechnicians	9/15/2006	1136	0	0.00%
090: Clinical Laboratory Technologist-Restricted*	6/15/2006	23095	32	0.13%
092: Clinical Laboratory Technologist	4/15/2020	951		
093: Cytotechnologist	9/15/2006	984	1	0.10%
094: Clinical Laboratory Technician	9/15/2006	4065	23	0.57%
095: Histotechnologists	2/13/2024	56	0	0.00%
Total	-	30287	56	0.18%

*Restricted Clinical Laboratory Technologist licenses (title code 090) are not distinguished in disciplinary reports from Clinical Laboratory Technologist (title code 092).

PMD peaked in 2007 (9 cases) and 2016 (7 cases) (Figure 1). In 2007, BOR annulled licenses tied to fraudulent experience claims, verified by the laboratory director's signature. In 2016, cases stemmed from criminal convictions. Across 2006–2024, PMD averaged 3.1 cases/year. Of 56 total, 64.3% (n=36) involved criminal convictions; 23.2% (n=13) were fraudulent applications; 12.5% (n=7) stemmed from workplace misconduct. One individual with dual CTN/CLT licenses was disciplined in 2023 for weapon possession and reckless endangerment listed on both licenses. A CLT received separate sanctions for DWIs in 2012 and 2020 - the only repeat case of PMD.

Figure 1: Count of Disciplinary Cases by year.



*Year 2023 shows one Clinical Laboratory Technician and one Clinical Laboratory Technologist license disciplined. This is the same person. Years 2012 and 2020 show a Clinical Laboratory Technologist disciplined for repeated DWI.

Penalty

Of 56 PMD cases, 36 (64.3%) stemmed from criminal convictions (Table 2). DWIs accounted for 19 (33.9%), comprising 52.7% of conviction-related infractions. Severe penalties - including suspensions - were issued for DWI, felony bank fraud, weapon possession with reckless endangerment, and nondisclosure of prior convictions. Licenses were voluntarily surrendered in cases of petit larceny and failing to disclose a conviction on the application. One CLT disciplined for DWI received censure, reprimand, and probation; however, the license status is revoked. Another CLT's license was involuntarily revoked following convictions for grand larceny, forged instruments, and identity theft.

Table 2: Discipline due to Criminal Convictions with Penalty by Title and Gender*.

		Profession Abbreviation/Gender					
		CLT		CT	CTN		
Infraction	Penalty	Female	Male	Female	Female	Male	Total
Attempted Arson	Indefinite AS >=1Y, 2Y prob.					1	1
Attempted Burglary	3M AS, 21M SS, 24M prob.				1		1
Attempted Grand Larceny	1M AS 23M SS, 2Y prob., $500		1				1
Criminal Contempt	Indef.AS, 2Y prob., $250	1					1
Criminal Obstruction of Breathing	2Y SS, 2 yr Prob. $500		1				1
Criminal Possession of a Controlled Substance	$1,250					1	1
Criminal Possession of a weapon, reckless endangerment	6M AS 18M SS, 2Y Prob.					1	1
Criminal Possession of a Weapon; Reckless Endangerment	6M AS 18M SS, 2Y Prob.		1				1
Criminal Possession of a Controlled Substance	6M AS 18M SS, 2Y Prob.				1		1
DWI	1M AS 23M SS, 2Y prob.		1				1
DWI	1Y SS, 1Y Prob., $500	2	1		1		4
DWI	1Y SS, 1Y Prob.				1		1
DWI	2Y SS, 1Y Prob., $500	2	3	1			6
DWI	2Y SS, 2Y Prob., $1000					1	1
DWI	2Y SS, 2Y Prob., $750		1				1
DWI	Revocation	1					1
DWI and Computer Intrusion	1Y SS, 1Y Prob., $500		1				1
DWI and Criminal Contempt	2Y SS, 2Y Prob., $250					1	1
DWI; Aggravated DWI; Operating a Motor Vehicle without an Ignition Interlock Device; Criminal Impersonation	6M AS 18M SS, 2Y Prob.					1	1
DWID	2Y SS, 2Y Prob., $500		1				1
Failed to disclose a conviction	6M AS 18M SS, 2Y Prob.	1					1
Felony: Bank Fraud	6M AS 18M SS		1				1
Felony: False Statements	2Y SS, 2Y Prob., $1000		1				1
Grand Larceny; ten counts of Criminal Possession of a Forged Instrument, Identity Theft.	Revocation	1					1
Lied on the application- failed to disclose a conviction	Surrendered					1	1
Petit Larceny	Surrendered				1		1
Reckless Endangerment	1M AS 23M SS, 2Y prob., $500					1	1
Unlawful Surveillance	1M AS 23M SS, 2Y prob., $1500		1				1
Criminal Conviction Total Count:	**-**	***8***	***14***	***1***	***5***	***8***	***36***

*Abbreviations: CLT, Clinical Laboratory Technologist; CT, Cytotechnologist; CTN, Clinical Laboratory Technician; DWI, Driving While Impaired; DWID, driving while impaired by drugs; Indef, indefinite; AS, actual suspension; Y, year; M, month; SS, Stayed Suspension. Prob., Probation

Table 3 details workplace PMD penalties. Though unrelated to lab duties, application fraud cases are included. Seven CLTPs (12.5%) were disciplined for lab-related misconduct, including 3 surrendered licenses (42.9%); and 1 indefinite suspension of at least 2 years.

Table 3: Penalties for Application Fraud or Lab Triggers by Title and Gender*.

		Profession Abbreviation/Gender				
		CLT		CTN		
Infraction	Penalty	Female	Male	Female	Male	Total
Application Fraud	Annulment	2	3	6	2	13
Lab Workplace Total:		1	4	2		7
Alcohol on Duty	Surrendered		1			1
Falsifying Test Results	Surrendered			1		1
Gross negligence on a particular occasion	Surrendered		1			1
QC Error	2Y SS 2Y prob. $1000	1				1
QC Error	2Y SS 2Y prob. $250		1			1
QC Fraud	2Y SS 2Y prob. $250			1		1
Video Recording Device in Unisex Restroom	Indef. AS >=2Y, 5Y prob., $5000		1			1

*Abbreviations: CLT, Clinical Laboratory Technologist; CTN, Clinical Laboratory Technician; Indef, indefinite; AS, actual suspension; Y, year; M, month; SS, Stayed Suspension.

Following license annulment (23.2%), the most frequent penalty of the disciplined cohort was 2-year stayed suspension with 2 years' probation and fines ranging from $250–$1000 (n=15; 26.8%). Seven licenses (12.5%) were lost-either revoked (n=2; 3.6%) or surrendered (n=5; 8.9%). Six individuals (10.7%) received 6 months' actual suspension with 18 months stayed; two also had 2 years' probation, and one was fined $1000. Another six (10.7%) received a 1-year stayed suspension with 1 year probation; five of these were fined $500.

Gender

During the disciplinary period, 53.7% of the PMD population were male (n=30) and 44.4% female (n=24). Among CLT licensees, 64.5% were male (n=20), while CTNs showed a slight female majority at 52.2% (n=12). One male held both CLT and CTN licenses and was counted under each; another male CLT was a repeat offender-second instances for both were excluded from the overall gender count (n=54). The sole CT case involved a female. Of the 13 licenses annulled for application fraud, 8 were female (2 CLT, 6 CTN) and 5 male (3 CLT, 2 CTN). Criminal convictions triggered discipline for 36 individuals: 23 males (14 CLT, 9 CTN) and 13 females (9 CLT/CT, 4 CTN). DWI was the primary or contributing cause in 19 cases-11 male (8 CLT, 3 CTN) and 8 female (6 CTN/CT, 2 CTN). Lab-specific infractions involved 7 individuals: 4 male CLTs and 3 females (1 CLT, 2 CTN). Of the 5 surrendered licenses, 3 were male (2 CLT, 1 CTN) and 2 female CTNs; both revoked licenses were held by female CLTs.

Fines

Over the study period, $21,000 in fines were issued to 27 CLTP offenders (48.2%). Of the 36 criminal convictions, 23 (63.9%) were fined $14,500 (69%), and lab infractions totaled $6,500 (31%). The average fine was $778. Males (n=18) incurred $16,500 (avg. $917; 78.6%), females (n=9) $4,500 (avg. $500; 21.4%). The highest fine, $5,000, was for placing a video device in a unisex restroom. Fines rose with offense severity, though mitigating factors applied-DWI penalties varied (see Table 2). Male conviction fines averaged 34.9% higher than female ($1,459 vs. $950). The highest conviction fine was $1,500 for unlawful surveillance. DWI (including as a component) accounted for 70% of fined individuals (n=19), 38.1% of total fines ($8,000), and 55.2% of conviction-related fines. No fines were levied for convictions involving revoked, surrendered, or suspended licenses, or for attempted arson/burglary, weapon possession with reckless endangerment (CLT/CTN, 1 person), 3 DWIs, failure to disclose, or felony bank fraud. Lab-related fines totaled $6,500 (31%); QC Error (n=2) and QC Fraud (n=1) each received a 2-year suspension and probation. One female CLT was fined $1,000; the others (1 male CLT, 1 female CTN) $250 each.

Multiple licenses

One individual holds both CLT and CTN licenses. Discipline for the conviction was recorded for both licenses, but applied once to the individual.

Another, whose CTN license was annulled, later obtained a currently registered Licensed Practical Nurse license.

A registered CTN also holds an unregistered Pathology Assistant (PA) license.

One CTN with inactive registration holds a Physician Assistant (PA-C) license suspended in 2008 and never restored; the CTN license was issued one month before the PA-C discipline was posted, though the PA-C license had been previously issued and disciplined. Only the CTN license received a PMD penalty, tied to a more recent DWI/Criminal Contempt conviction distinct

from similar conduct that led to the PA-C suspension, which stemmed from a 2004 out-of-state PA-C suspension and a 2005 General Court-Martial.

An unregistered CLT since 2012 is under a 2-year stayed suspension and 2-year probation for discipline related to a coexisting Pharmacy license; both licenses record identical disciplinary information for a felony false statement conviction. One CLT, currently registered post-discipline, also holds a Registered Nurse license with registered status.

BOR action may apply to one or both licenses held by a professional, depending on the nature of the disciplinary basis and the scope of the secondary license. This reflects the principle that discipline attaches to the individual's enduring licensure status, not merely to time-bound registration. Criminal convictions, as character-based infractions, are recorded across all licensed titles under the individual's name. In contrast, non-criminal professional misconduct is typically recorded only under the license relevant to the misconduct, unless the conduct implicates multiple scopes of practice.

Time

The data suggest a latency period of approximately seven years (6.89 years) between licensure and disciplinary action, with mean durations of 7.5 years for CLT, 6.01 years for CTN, and 7.48 years for the CT. Further segmentation reveals that application fraud averaged 0.97 years, 0.85 years for CTN, and 1.17 years for CLT. Female CTN 0.7 years opposed to 1.28 years for male CTN. Female CLT averaged 0.88 years compared to 1.36 years for male CLT.

Convictions averaged 8.75 years from the date of licensure, 9.32 years for CTN, 8.48 years for CLT, and 7.48 years for CT. Convictions by females averaged 8.43 years, males, 8.94 years. CTN female convictions averaged 10.42 years; male CTN convictions averaged 8.83 years. Female CLT convictions averaged 7.55 years compared with the male CLT average of 9.01 years.

Laboratory infractions averaged 8.26 years, 5.14 years for CTN, and 9.51 years for CLT. Female CTN averaged 5.14 years; female CLT, 10.19 years. Male CLT averaged 9.34 years. This time lag is partially illustrated in Figure 1 with the central peaks.

Post discipline

Eighteen of the disciplined CLTP have Registered status (32.7%). Twenty-two (40%) lost their license to practice either by surrendering/revocation (n=5, 9.1%/ n=2, 3.6% respectively), or annulment (23.6%, n=13) of their license. An additional 2 licenses (3.6%) have a suspended status. The remaining 27.2% (n=15) have Inactive or Not Registered status. These, in part, may represent the customary attrition of the professions over the study period.

Discussion

Few CLTPs in NYS have faced discipline. Although CTN discipline is fewer overall, their disciplinary rate by title is 325.8% higher than CLTs. Most cases stemmed from criminal convictions, especially DWI. The CDC notes that individuals aged 21 - 34 account for a large proportion of drunk drivers in fatal crashes [16]. Disciplinary actions typically occurred around 7 years post-licensure, aligning with age-related risk rather than job-related misconduct. Since licensure often begins at ages 22–24, offenses at 27–30 fall within this window. While SED does not publish licensee age data, it appears early-career professionals are vulnerable.

Later-career stress presents differently. Burnout - driven by staffing shortages, lack of recognition, and workload - affects all experience levels [17]. ASCP's 2020 survey showed an average respondent age of 45, with 87–88% of those in the field 6–30 years reporting burnout [18]. Though not directly linked to misconduct, burnout may impair judgment and increase risky coping behaviors, including substance misuse [19-21]. NYS offers a confidential Professional Assistance Program (PAP) for those who have not harmed patients to address substance-related infractions [22].

PMD cases involving lab conduct are rare-0.023% of all CLTP licenses through 2024 - but may involve serious errors. Some were likely identified via root cause analyses, consistent with CLIA and NYS DOH oversight [23-24].

During the grandfathering period (Sept 1, 2006–Sept 1, 2009), licensure could be based on director-verified experience. Afterward, formal academic or certification credentials were required, sent directly to SED by the academic institution [25]. Laboratory Ph.D. directors who signed fraudulent license applications before the grandfathering deadline are not required to hold SED licensure. Without complaints to the DOH or Attorney General, they were unlikely to face discipline or perjury charges or sanctions by the DOH. Physician directors faced similar liability through medical license discipline and DOH sanctions. These cases revealed a misconception that applications for the newly regulated professions would bypass scrutiny. After these fraud cases were publicized, the Centers for Medicare & Medicaid Services contacted facilities employing "excluded" individuals with annulled licenses - often leading to terminations to avoid federal payment sanctions, even when those individuals had no billing roles. (Personally witnessed) [26].

PMD-related to laboratory conduct led to license surrender/ revocation more frequently than criminal convictions (3 of 7 vs. 4 of 36; 42.9% vs. 11.1%).

Zippia reports that 63.5% of Clinical Laboratory Scientists and 70.7% of CTNs are female [27]. These figures mirror the profession's history of targeting women [28-29]. However, they do not explain the male predominance in the PMD sample. SED does not release gender data, limiting analysis. These

observations apply only to the disciplined cohort; broader licensee demographics remain unavailable.

Ethical integrity is central to laboratory professionalism [30]. Leadership accountability supports inclusion and morale, but stressors like understaffing, unfair scheduling, and low pay erode both, fueling turnover, absenteeism, and burnout [21]. NYS defines professional misconduct in Part 29 of Title VIII [10]. License applicants affirm awareness of these rules. While national and state organizations publish ethics codes, these are unenforceable at the workplace level [31-33]. Societies have acknowledged inappropriate behavior at meetings [34]. With few enforcement options, ethics oversight relies on licensure by states, 10 of which - plus Puerto Rico - require state/facility-specific licenses. These states are California, Florida, Hawaii, Louisiana, Montana, Nevada, New York, North Dakota, Tennessee, West Virginia, and the Commonwealth of Puerto Rico [35].

Ultimately, ethical practice is a personal responsibility. Staff integrity mandates reporting of misconduct, whether directly, through supervision, or to oversight bodies. Anonymous complaints are encouraged. Failure to act compromises patient safety. A comprehensive case review is necessary to assess broader impacts on teams, morale, and institutional function. Notably, most disciplinary actions observed arose outside the laboratory setting. Solutions may not require substantial investment; modest interventions that support morale and prioritize patient safety may prove more effective.

SED's authority extends beyond clinical duties, reflecting its public welfare mandate. Disciplinary trends reinforce this reach.

New York's licensure law aimed to standardize education and CE, but CE was omitted during lobbying. The SB was expected to regulate CE but could only implement statutory mandates. CE requirements remain under DOH: 12 hours/year for CLT/CTN, and an average of 2 hours/month for CT, with no defined educational benchmarks [36]. NYS licenses are based on rigorous ASCP-BOC exams, which also administer national certification. Since 2004, ASCP has linked certification maintenance to CE [37]. Following CLPA's 2005 enactment, the number of degree-granting programs qualifying for licensure slowly increased [38]. Workplace misconduct can lead to progressive discipline or termination, but in states without licensure requirements, individuals may still find employment elsewhere. In contrast, professional disciplinary sanctions, such as suspension or revocation of a license, aim to reinforce ethical behavior both within and beyond the workplace, serving as a permanent record for prospective employers and public safety.

Licensure functions not merely as a gatekeeping tool but as a safeguard for public health and organizational integrity. Critics argue that state licensure presents a barrier to workforce entry [39]. However, this view tends to elevate personal gain over public safety. Criminal convictions may not preclude licensure, but they prompt stricter scrutiny by licensing boards.

Laboratory work is largely invisible to the public, making undetected harm possible. Examples of laboratory misconduct that become known are sometimes found in forensic laboratories due to the impact on numerous court cases [40-41]. High-profile cases have exposed misconduct in cytology laboratories, notably the 1995 Milwaukee incident, where a Grand Jury recommended criminally negligent homicide charges against the lab, cytotechnologist, and medical director following fatal diagnostic errors [42]. The General Counsel of the American Medical Association, Kirk Johnson, is quoted as saying at the time, "the usual punishment for negligent doctors or technicians is for licensing boards to take away their credentials" [43], not realizing the so-called technician was not licensed, a fact often overlooked by the general public, who reasonably assume that all CLTPs are subject to formal state licensure. Wisconsin currently does not license CLTP.

Most states defer CLTP personnel standards to federal CLIA regulations, which do not sufficiently reflect the need for verified education and competency [23]. "The intent of… the [licensing] law was primarily to protect the public against ... quacks, shysters, and inexperienced persons" [44]. That reality still exists. Professional society standards and national certification requirements surpass minimal federal criteria [45-46]. Testing personnel requirements for cytology meet industry standards for education and certification [47]. The client-patient will be more able to trust test results, knowing that the clinical laboratory scientists in their state meet the same educational requirements and have documented their competencies by passing an examination for their profession [48- 49].

States without licensure place the public at risk by relying on inconsistent facility criteria and inadequate federal regulations [23]. Given the pivotal role of laboratory diagnostics in medical care [50], state licensure emerges as an essential public safeguard consistent with a state's duty to promote the common welfare.

Addendum

No professional disciplinary actions have been posted of CLTP in 2025.

Conclusions

Professional discipline of CLTPs in NYS is rare. Most cases involve criminal convictions, mainly DWI; fewer involve more severe offenses. These reflect SED's broader public welfare mandate. Laboratory-based misconduct, though less common, draws harsher penalties due to risks to staff and patients. Despite the limitations of these observations, they reflect the current state of PMD of CLTP in NYS.

Conflicts of Interest

None to declare.

Financial Support
There is no financial support for this work.

Ethics
The principles of the Declaration of Helsinki have been followed. The cohort selected for this observational study consists of publicly available information posted by the State Education Department after the Board of Regents has determined the outcome of each disciplinary action. The data includes the licensee's name, city, state, a summary of the disciplinary trigger, a summary of the penalty imposed, and the date of the disciplinary action. Additionally, the state website provides the date of licensure and current registration status. Names were used to identify individuals with multiple licenses and repeat offenses. Gender was inferred from first name usage with 100% correlation from two online sources. All licensed professionals in the state sign application forms that clearly indicate the state's publication of basic information for the public. The data presented does not include identifying information such as name, city, state, or license number. All pertinent information is summarized in the tables and one figure.

Disclosure
Writing was aided by the free version of Grammarly and by Microsoft CoPilot, an artificial intelligence product to assist with language refinement, readability, and grammatical improvements. These tools were used to enhance the clarity of the writing, suggest more concise wording, and verify grammatical accuracy. All content was carefully reviewed, edited, and verified for accuracy. The author takes full responsibility for the final content.

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Consent to Participate
Public information presented by the state does not provide sufficient information to contact individuals.

Data Availability
All pertinent data is summarized in the tables, text, and figures. Specific data is available at https://www.op.nysed.gov/.

Writing Assistance
Writing was aided by the free version of Grammarly and by Microsoft CoPilot, an artificial intelligence product to assist with language refinement, readability, and grammatical improvements. These tools were used to enhance the clarity of the writing, suggest more concise wording, and verify grammatical accuracy. All content was carefully reviewed, edited, and verified for accuracy. The author takes full responsibility for the final content.

Consent for Publication
Does not apply.

Abbreviations
Board of Regents, BOR; Clinical Laboratory Practice Act, CLPA; Clinical Laboratory Technician, CTN; Clinical Laboratory Technologist, CLT; Clinical Laboratory Technology Practitioners (or Professions), CLTP; Cytotechnologist, CT; Department of Health, DOH; Driving while intoxicated/impaired (alcohol), DWI; Driving while impaired by drugs, DWID; New York State, NYS; Office of Professional Discipline, OPD; Office of the Professions, OP; Pathology Assistant, PA; Physician Assistant, PA-C; Professional Assistance Program, PAP; Professional Misconduct, PM; Professional Misconduct Discipline, PMD; Professional Standards Coalition for Clinical Laboratory Personnel, PSCCLP; Quality Control, QC; State Board, SB; State Education Department, SED; Title Code, TC.

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