

**APPLICATION INSTRUCTIONS
 FOR
 CERTIFICATE OF QUALIFICATION**

Please read and follow the instructions carefully. **Incomplete or incorrectly completed applications will delay processing.**

1. PERSONAL INFORMATION: Provide all information requested. Authority for the New York State Department of Health, Wadsworth Center, Clinical Laboratory Evaluation Program to request personal information, including identifying information such as Social Security Number, and the authority to maintain such information is found in Section 5 of the New York State Tax Law. Disclosure of this information is mandatory. This information will be used for tax administration purposes and for any other purposes authorized by the Tax Law. The Administrator of the Clinical Laboratory Evaluation Program is responsible for maintaining records of such information. The administrator can be reached in writing at: Clinical Laboratory Evaluation Program, Wadsworth Center, New York State Department of Health, Empire State Plaza, PO Box 509, Albany, NY 12201-0509. E-mail addresses will be used to send electronic correspondence concerning the status of your application or that of a laboratory at which you are employed and will not be used for any other purpose.

2. GRADUATE/PROFESSIONAL EDUCATION: List all medical and graduate schools attended in chronological order indicating the degree received. Applicants with an earned doctoral degree in a chemical, physical, or biological science must provide an official transcript of their doctoral studies. Doctoral degrees earned at foreign colleges or universities must be evaluated for equivalency to the requirements of schools in the United States. The Department will accept credential equivalency evaluations from any of the organizations listed as members of the National Association of Credential Evaluation Services (www.naces.org) or the Association of International Credential Evaluators, Inc. (www.aice-eval.org). Please refer to the websites for current listings of member organizations, as this list is subject to change. Evaluations are valid only if received in a sealed envelope or directly from the evaluating agency.

3. BOARD CERTIFICATION: Enter abbreviation of board and specialty (see below) and date (re)certified. Applicants must provide a copy of their board certificate(s) and any recertifications. If you have completed all requirements for certification but a certificate has not yet been issued to you, a letter from the Board to the Clinical Laboratory Evaluation Program stating that you have successfully completed all requirements including all appropriate examination(s) is acceptable.

ABBREVIATIONS FOR BOARD CERTIFICATION:

ABCC(CC)	American Board of Clinical Chemistry in Clinical Chemistry
ABCC(TC)	American Board of Clinical Chemistry in Toxicological Chemistry
ABD	American Board of Dermatology
ABFT	American Board of Forensic Toxicology
ABIM(Hem)	American Board of Internal Medicine in Hematology
ABMLI	American Board of Medical Laboratory Immunology
ABMM	American Board of Medical Microbiology
ABOMP	American Board of Oral and Maxillofacial Pathology (formerly ABOP)
ABP(AP)	American Board of Pathology in Anatomic Pathology
ABP(BB/TM)	American Board of Pathology in Blood Banking/Transfusion Medicine
ABP(CP)	American Board of Pathology in Clinical Pathology
ABP(DP)	American Board of Pathology in Dermatopathology
ABP (MMB)	American Board of Pathology in Medical Microbiology

4. QUALIFICATION FOR BOARD: Please indicate the specific training and/or experience which qualified you to sit for board examination. Descriptions of medical internships, residencies and fellowships should include the discipline and duration of each rotation. Physicians must document the specific dates of the experience obtained from discipline rotations performed during residency and/or fellowship.

5. LICENSURE: Physicians and dentists who are licensed and registered with the New York State Education Department must provide a copy of their current registration. Applicants not licensed in New York State but in another state must provide a copy of their current registration in their state of practice.

6. POSTDOCTORAL TRAINING AND EXPERIENCE: List all positions held since receiving your doctoral degree in reverse chronological order. Please explain all significant (greater than 6 months) gaps in employment history on a separate sheet.

7. CURRENT EMPLOYMENT/EXPERIENCE: List all sites of current employment, along with job titles at each site, the name(s) of your supervisor(s), if any, and provide a description of your laboratory duties and areas of responsibility. These duties must be indicative of the responsibilities outlined in 10 NYCRR Part 19.3(c), available on our website at www.wadsworth.org/clep under "Statute and Regulations." These responsibilities include: providing advice to referring physicians regarding the significance of laboratory findings; maintaining an effective working relationship with applicable accrediting and regulatory agencies, administrative officials, and the medical community; defining, implementing and monitoring standards or performance in quality control and quality assurance of the laboratory; monitoring all work performed in the laboratory to ensure medically reliable data are generated; assuring the laboratory participates in monitoring and evaluating the quality and appropriateness of services rendered; ensuring that sufficient qualified personnel are employed with documented training and/or experience to supervise and perform the work of the laboratory; setting goals and developing and allocating resources; providing effective and efficient administrative direction, including budget planning and controls as well as financial management of the laboratory; providing educational direction to staff; selecting reference laboratories; and promoting a safe laboratory environment. Please be as specific as possible with details. Attach a current **curriculum vitae** with a list of relevant publications. If you are currently unemployed, retired, or otherwise inactive, indicate under "Description of Duties."

8. CATEGORIES REQUESTED: Please check off each category you seek to hold on your certificate. Please review the "Definition and Scope Of Certificate of Qualification Categories" to determine applicable categories. To direct clinical laboratory testing in any category in a facility under New York State laboratory permit, the director/assistant director must hold the appropriate category on his/her Certificate of Qualification. Review "Certificate of Qualification Categories Required To Direct Current Permit Categories" for further information. For a list of abbreviations for board certification, please see instructions Item 3 above, BOARD CERTIFICATION.

When applying for Certificate of Qualification categories, please note the following definitions:

Experience means four years of postdoctoral training and/or experience in an acceptable laboratory, including two years in current methods and techniques in each category sought and two years in general laboratory management, or an equivalent combination of training and/or experience. Training and/or experience must be documented in the form of letters from laboratory directors or other individuals with whom the training or experience was acquired. **These letters must provide specific details about the dates and type of training and experience, including laboratory name, address, facility type (hospital, medical research, etc.), and types and numbers of laboratory tests performed, supervised and/or directed.** Letters from administrators or other responsible third parties are acceptable only if the applicant documents that primary supervisors are not available.

Recency means acceptable training or experience in clinical laboratory testing within the six years prior to this application. If you are applying for a category that has a qualifying board listed on page 1 and your residency and fellowship occurred within the past six years, specific letters of documentation attesting to your training/experience gained within the previous six years are not required unless experience is indicated as an additional requirement for the category. If your residency and/or fellowship was completed more than six years prior to your application, one or more letters of documentation attesting to training/experience gained within the previous six years **are** required. Individuals who are not board certified, or who are certified by a board that is not listed on page 1, must provide letters of documentation attesting to their training/experience, a portion of which must have been obtained within the previous six years.

9. CERTIFICATION: Respond to the questions by checking the appropriate answer. Attach and submit explanations for your answers on separate paper, as necessary. Sign and date the application.

Enclose a \$40.00 application fee payment by check or money order made payable to "New York State Department of Health." Indicate the applicant's name on the check or check stub. Submit the application form, a current **curriculum vitae** and supporting documentation along with the \$40.00 application fee to:

Postal Service

**CLINICAL LABORATORY EVALUATION PROGRAM
WADSWORTH CENTER
NEW YORK STATE DEPARTMENT OF HEALTH
EMPIRE STATE PLAZA, PO BOX 509
ALBANY, NEW YORK 12201-0509**

Express Service

**CLINICAL LABORATORY EVALUATION PROGRAM
WADSWORTH CENTER
NEW YORK STATE DEPARTMENT OF HEALTH
P1 SOUTH, LOADING DOCK J
ALBANY, NY 12237**