

**Notification to Add/
 Delete Category(ies)**

Telephone: (518) 485-5378 Fax: (518) 449-6904
 E-mail: CLEPCERT@health.state.ny.us
 Web: www.wadsworth.org/clep

PFI:

Name and Address of Laboratory:

Below are three blocks for requesting the addition/deletion of testing specialty categories (i.e. permit category) to/from your clinical laboratory permit. By submitting this form, you will be enrolled in the appropriate NYS proficiency testing (PT) program(s) and an on-site survey will be scheduled, as applicable. If adding a category, please also submit a [Notification to Add/Delete FDA-Approved Test\(s\)](#) form, as applicable. For non-FDA-approved tests, please refer to the [Comprehensive Test Approval Policy and Submission Guidelines](#) found on our website. Please refer to the [Program Guide](#) found on our website for category names and descriptions when choosing the appropriate category name(s).

Please check here if non-FDA-approved tests are being added at this time.

Permit Category Name		Request: <input type="checkbox"/> Add <input type="checkbox"/> Delete
Signature, Assistant Director(s) holding the certificate of qualification for the category, if applicable:		
Signature	Name (Print)	CQ Code: _____ Date: _____
Permit Category Name		Request: <input type="checkbox"/> Add <input type="checkbox"/> Delete
Signature, Assistant Director(s) holding the certificate of qualification for the category, if applicable:		
Signature	Name (Print)	CQ Code: _____ Date: _____
Permit Category Name		Request: <input type="checkbox"/> Add <input type="checkbox"/> Delete
Signature, Assistant Director(s) holding the certificate of qualification for the category, if applicable:		
Signature	Name (Print)	CQ Code: _____ Date: _____

NOTE: All signatures must be original. SIGNATURE STAMPS WILL NOT BE ACCEPTED.

 Date Signature, Laboratory Director Name, Laboratory Director (Print) CQ Code