

**WADSWORTH CENTER**  
**CLINICAL LABORATORY EVALUATION PROGRAM**  
**EMPIRE STATE PLAZA, P.O. BOX 509**  
**ALBANY, NEW YORK 12201-0509**  
**Telephone: (518) 485-5378 Fax: (518) 485-5414**  
**E-Mail: CLEP@health.state.ny.us**  
**Web: www.wadsworth.org/labcert**

OFFICE USE ONLY	
Rec'd.	_____
Fee No.	_____
Entered	_____

**APPLICATION FOR CERTIFICATE OF QUALIFICATION**  
**CLINICAL LABORATORY DIRECTOR/ASSISTANT DIRECTOR**

Please read the enclosed Part 19 10NYCRR for a description of certificate of qualification requirements and read and follow the instructions carefully, since submission of incomplete or incorrect applications will delay processing.

**NOTE: You must enclose a \$40.00 application fee payment.** Your check or money order should be made payable to the New York State Department of Health.

**1. PERSONAL INFORMATION:**

Last Name		First Name		MI	Any other name you are known by:	
Home Address/Street			City		State	ZIP
Telephone Number w/Area Code			Social Security No.			
(Home)		(Work)				
E-Mail Address						

**2. GRADUATE/PROFESSIONAL EDUCATION: List all medical schools, colleges and universities attended in chronological order whether or not a degree was received. List any additional education in the same format on an attached continuation sheet.**

Name of Medical School, College or University	Location City/State	Major Subjects	Attended		Degree
			From Mo/Yr	To Mo/Yr	

**3. BOARD CERTIFICATION:** Please provide a copy of your board certificate(s) and/or recertification(s). List any additional board certifications in the same format on an attached continuation sheet.

Abbreviation of Board and Specialty (see list of abbreviations in instructions)	Date Certified	Date Recertified

**4. 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 licensed in another state must provide a copy of their current registration in their state of practice. Unlicensed applicants must provide an official copy of their doctoral transcripts. List any additional licensure information in the same format on an attached continuation sheet.

**Are you licensed and currently registered to practice medicine or dentistry in New York State? Yes No**

If yes, Type of License:	License Number:	Year of Issuance:	Date Registration Expires:

**Are you licensed and currently registered to practice medicine or dentistry in any other state? Yes No**

If yes, type of License:	License Number:	State:	Year of Issuance:	Date Registration Expires:

If yes, type of License:	License Number:	State:	Year of Issuance:	Date Registration Expires:

**5. POSTDOCTORAL TRAINING & EXPERIENCE:** List all positions held in reverse chronological order. List any additional experience in the same format on an attached continuation sheet.

Name, Address and Description of Institution (most recent first)	Name of Director or Supervisor	Your Title	From Mo./Yr.	To Mo./Yr.
Describe laboratory experience / areas of responsibility:				
Describe laboratory experience / areas of responsibility:				

**6. CURRENT EMPLOYMENT:** All sites of current employment must be listed along with job titles, whether as laboratory director or otherwise, and the name of your director or supervisor. If applicable, indicate NYS permit PFI number or CLIA number of laboratory. List any additional current employment in the same format on an attached continuation sheet. Applicants should include a copy of their current curriculum vitae and a list of any relevant publications.

Name, Address and Description of Institution	Name of Director or Supervisor	Your Title	Start Date Mo./Yr.
PFI/CLIA#:			
Describe laboratory duties / areas of responsibility:			
PFI/CLIA#:			
Describe laboratory duties / areas of responsibility:			

**7. CATEGORIES REQUESTED: Be sure to check off each category you seek to hold on your certificate.**

CATEGORIES	REQUIREMENTS	
	MD, License, Registration, Recency and	Doctoral Degree, Recency and
Andrology	ABP(CP) + 6 months training, or Experience	Experience
Bacteriology	ABP(CP), ABP(MMB), ABMM or Experience	ABMM or Experience
Blood Banking Collection - Comprehensive	Experience	Experience
Blood Banking Collection - Limited	ABP(CP), ABIM(Hem) or Experience	Experience
Blood Lead	ABP(CP), ABCC(TC), ABFT or Experience	ABCC(TC), ABFT or Experience
Blood pH and Gases	ABP(CP), ABCC(CC) or Experience	ABCC(CC) or Experience
Cellular Immunology – Lymphoid Function Cellular Immunology – Lymphoid Immunophenotyping Cellular Immunology – Non-Lymphoid Analysis Cellular Immunology – Malignant Leukocyte Immunophenotyping	Experience	Experience
Clinical Chemistry	ABP(CP), ABCC(CC) or Experience	ABCC(CC) or Experience
Clinical Toxicology	ABP(CP, ABCC(CC), ABCC(TC), ABFT or Experience	ABCC(CC), ABCC(TC), ABFT or Experience
Cytogenetics	Experience	Experience
Cytopathology	ABP(AP)	
Diagnostic Immunology	ABP(CP), ABP(MMB), ABMM, ABMLI or Experience	ABMM, ABMLI or Experience
Endocrinology	ABP(CP), ABCC(CC) or Experience	ABCC(CC) or Experience
Erythrocyte Protoporphyrin	ABP(CP), ABCC(TC), ABFT or Experience	ABCC(TC), ABFT or Experience
Fetal Defect Markers	Experience	Experience
Forensic Identity	Experience	Experience
Forensic Toxicology	ABCC(TC), ABFT or Experience	ABCC(TC), ABFT or Experience
Genetic Testing	Experience	Experience
Hematology	ABP(CP), ABIM(Hem) + 6 months Training, or Experience	Experience
Histocompatibility	Experience	Experience
Histopathology-General	ABP(AP)	
Oral Pathology	ABP(AP)	ABOMP (DDS only)
Dermatopathology	ABP(AP) or ABP(DP)	
Dermatopathology - Mohs testing	ABD	
Immunohematology	ABP(CP) or Experience	Experience
Mycobacteriology	ABP(CP), ABP(MMB), ABMM or Experience	ABMM or Experience
Mycology	ABP(CP), ABP(MMB), ABMM or Experience	ABMM or Experience
Oncology-Sera and Soluble Tumor Markers Oncology-Cellular Tumor Markers	Experience	Experience
Parasitology	ABP(CP), ABP(MMB), ABMM or Experience	ABMM or Experience
Parentage/Identity Testing -HLA Testing Parentage/Identity Testing -DNA Testing	Experience	Experience
Ther. Sub. Mon./Quant. Tox.	ABP(CP), ABCC(CC), ABCC(TC) or Experience	ABCC(CC), ABCC(TC) or Experience
Transfusion Services	ABP(BB/TM), ABP(CP) + 6 months Training, ABIM(Hem) + 6 months Training, or Experience	
Transplant Monitoring	Experience	Experience
Virology	ABMM, ABP(MMB), or Experience	ABMM or Experience

## 8. CERTIFICATION

- a. Have you ever had charges of administrative violations of local, state or federal laws, rules and regulations, including, but not limited to, the Public Health Law or related statutes, concerning the provision of health care services or reimbursement for such services sustained against you? Are such charges currently pending?

Yes No

If yes, please provide details on a separate sheet and attach to this form.

Have you ever been convicted of any crime, including, but not limited to, any offense related to the furnishing of or billing for clinical laboratory services and medical care, services or supplies, which is considered an offense involving theft or fraud? Are such charges currently pending?

Yes No

If yes, please provide details on a separate sheet and attach to this form.

- b. I understand that under Section 577.1(a) of the Public Health Law my Certificate of Qualification may be revoked, suspended, limited or annulled if any fact is misrepresented in this application. Changes in any of the information in this application must be reported to the Clinical Laboratory Evaluation Program immediately. I also understand that additional penalties may apply if I misrepresent, conceal, or fail to disclose facts or information regarding my initial or continuing eligibility for a Certificate of Qualification, including conviction of any crime related to billing for laboratory services, omission or misrepresentation of material facts in applying for professional license, permit or registration related to the operation of a clinical laboratory or the concealment of ownership or controlling interest in a clinical laboratory. Further, I understand that offering a false instrument constitutes a crime under the Penal Law of the State of New York.

I understand that by signing this application form I agree to any investigations made by the Department of Health to verify or confirm the information I have given or any other investigation made by them in connection with my request for this Certificate of Qualification. If additional information is requested, I will provide it. Further, I understand that, should this application or my status be investigated at any time, I agree to cooperate in such an investigation.

In signing this application, I hereby certify that the information I have given the Department of Health as a basis for obtaining a Certificate of Qualification is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The \$ 40.00 application fee must be included with this application.**

Submit forms to:

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

## CHECKLIST-INITIAL NEW YORK STATE CERTIFICATE OF QUALIFICATION

**Complete this checklist to ensure that your application contains all the required information. If your application does not include the following information, it cannot be processed:**

1. You **must** complete all sections of the application. It is recommended that you enclose a current curriculum vitae; however, you must also provide a summary of your current and previous experience on page 3 of the application.

all sections of the application have been completed

2. You **must** include one of the following:

a copy of your license and current registration to practice medicine in the state in which you practice; or

an official copy of the transcripts from your doctoral degree obtained in the United States; or, if your doctoral degree was not obtained in the United States;

an equivalency evaluation performed by the Credential Evaluation Service (CES) of the International Education Research Foundation, for doctoral degrees earned at foreign colleges/universities. (See instructions for information on how to obtain a CES evaluation.)

3. Review the table on page 4. You **must** provide one of the following, to document experience for each category you have applied for:

a copy of any applicable board certifications/recertifications. If board certification is not listed on page 4 as a requirement for a category, or you do not hold the board certification indicated, or you have not been certified or recertified within the past six years, then you must provide:

one or more letters of documentation from laboratory directors or other individuals with whom your training and/or experience was acquired **must** be enclosed with the application, as described on page 2 of the enclosed instructions.

4. You **must**:

include a check or money order payable to the NYS Department of Health in the amount of \$40.00.

sign the application on page 5.