Clinical Laboratory Evaluation Program

NYS Department of Health

Email: CLEPCQ@health.ny.gov

Web: www.wadsworth.org/regulatory/clep/certificate-requirements

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Application for Certificate of Qualification
Laboratory Director

To qualify for a Laboratory Director Certificate of Qualification (LDCQ), you must meet the requirements in Subpart 58-6 of Title 10 of the New York State (NYS) Codes, Rules, and Regulations (10 NYCRR).

Please submit this application along with:

- A current curriculum vitae (CV).
- A non-refundable $150.00 application fee. Make checks or money orders payable to the New York State Department of Health.
- Additional pages as needed to complete Sections 1 through 5.

1. Personal Information:

Name: **Last**	**First**	**Middle/Initial**

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)	**Other Name(s) Used/Known By**

Home Address: **Street**	**City**	**State**	**ZIP Code**

Phone Number: **Home/Mobile (with Area Code)**	**Work (with Area Code)**

Email Address: **Home**	**Work**

Previous NYS CQ: If you have previously applied for or held a NYS CQ, please provide your CQ Code.

2. Education and Training:

- **List all graduate and professional schools** you attended in chronological order, even if you did not graduate.
- **List any training** completed to prepare for examination by a board in paragraph 58-6.2(d) of 10 NYCRR.
- **For residencies and fellowships completed in the last 10 years, attach:**
  - Rotation schedules showing the dates and subspecialty of each rotation (including elective and research rotations); and
  - Certificates of completion.

Institution Name	**Campus Location City**	**State**	**Program/ Specialty**	**Attended** (Month, Year) **Start**	**End**	**Degree Earned**

3. Board Certification: Only boards listed in paragraph 58-6.2(d) of 10 NYCRR are accepted.

- **Select** your qualifying board certifications.
- **Attach** a copy of your current certificates.
- **Provide primary source verification** of current validity if your certificate does not display an expiration date.

Note: If you are not currently certified by a board listed in paragraph 58-6.2(d) of 10NYCRR and are not a licensed physician, you do **not** qualify for a Laboratory Director CQ.

Select	**Board**	**Date Certified** (Month, Day, Year)
	American Board of Bioanalysis (ABB)	
	American Board of Clinical Chemistry (ABCC)	
	American Board of Forensic Toxicology (ABFT)	
	American Board of Medical Genetics and Genomics (ABMGG) (formerly American Board of Medical Genetics)	
	American Board of Medical Laboratory Immunology (ABMLI)	
	American Board of Medical Microbiology (ABMM)	
	American Board of Pathology in Anatomic Pathology (ABPath(AP))	
	American Board of Pathology in Clinical Pathology (ABPath(CP))	
	American College of Histocompatibility and Immunogenetics (ACHI) (formerly American Board of Histocompatibility and Immunogenetics)	
	American Osteopathic Board of Pathology in Anatomic Pathology (AOBPath(AP))	
	American Osteopathic Board of Pathology in Clinical Pathology/Laboratory Medicine (AOBPAth(LM))	
	American Society for Clinical Pathology Board of Certification Diplomate in Medical Laboratory Immunology (ASCP(DMLI))	
	National Registry of Certified Chemists (NRCC)	

4. Licensure: List your current physician or dentist licenses and registrations in the United States (US) or the country where you intend to act as a laboratory director. Provide a copy of each.

State/Country	**License Number**	**Date Issued** (Month, Day, Year)	**Expiration Date** (Month, Day, Year)

5. Employment: Provide your employment history for the last 10 years.

- **Include the PFI (for NYS-permitted labs), if any, and CLIA number** for *each* laboratory.
- **Explain any significant employment gaps** on an attached sheet.
- **Attach your current CV**, including publications.
    - *Note: To determine the complexity of FDA-approved tests, search the FDA CLIA Test Complexity Database.*

Laboratory Name	**NYS PFI**	**CLIA Number**	**Name of Laboratory Director/ Applicant's Supervisor**

Laboratory Address Street	**City**	**State**	**Zip Code**	**Laboratory Type**

Applicant Title	**Employment Dates** (Month, Year) **Start**	**End**

Did the applicant direct/supervise high complexity testing at this facility? (Yes or No)	**Dates the applicant directed/supervised high complexity testing at this facility** (Month, Year) **Start**	**End**

Applicant's Duties/Responsibilities:

6. Certification:

A. **Administrative Violations:** I have had charges for administrative violations of local, state, or federal laws, rules, or regulations (including but not limited to the Public Health Law or related statutes concerning provision of or reimbursement for health care services) sustained against me, or such charges are currently pending.

☐ **Yes** ☐ **No**

If yes, attach a separate page with details.

B. **Criminal Convictions:** I have been convicted of a crime, including, but not limited to offenses 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, or such charges are currently pending.

☐ **Yes** ☐ **No**

If yes, attach a separate page with details.

C. **Professional License/Certification Actions:** I have had a professional license or certification related to the practice of medicine, pathology, or laboratory science revoked, suspended, limited, or denied.

☐ **Yes** ☐ **No**

If yes, attach a separate page with details.

Applicant's Certification: By signing this application, I certify that all information provided to the Department of Health is true and correct. I understand that my Certificate of Qualification may be denied, revoked, suspended, limited, or annulled if any information is misrepresented. I also understand that additional penalties may apply for misrepresentation, concealment, or failure to disclose facts related to my eligibility for a Certificate of Qualification, including criminal convictions related to billing for laboratory services, or omission or misrepresentation on professional license, permit, or registration applications related to the operation of a clinical laboratory, or the concealment of ownership or controlling interest in a clinical laboratory.

I agree to cooperate with any investigation conducted by the Department of Health to verify the information provided in this application or related to this application or any complaint filed with the Department. I agree to provide any requested additional information promptly.

I agree to immediately report any changes to the information in this application to the Clinical Laboratory Evaluation Program at clepcq@health.ny.gov, including changes to my physical or email address.

Signature	**Date** (Month, Day, Year)

All signatures must be original. An electronic, stamped, or typed signature is not acceptable.

Submit this application, your current CV, and all supporting documents. Include the non-refundable $150.00 application fee (check or money order payable to the **New York State Department of Health**).

Postal Service:

Clinical Laboratory Evaluation Program
Biggs Lab – Wadsworth Center
NYS Department of Health
Empire State Plaza
Albany, NY 12237

Express Service:

Clinical Laboratory Evaluation Program
Biggs Lab – Wadsworth Center
NYS Department of Health
Dock J – P1, Empire State Plaza
Albany, NY 12237

Instructions to Letter Writer

A third-party letter documenting training/experience is required for:

Applicant's Name

Who can write the letter: Usually, the applicant's primary supervisor (e.g., the laboratory director) should write it. If they're proven unable to attest, the Department may consider a letter from an administrator or another third party the applicant reported to. If the applicant is the director and has no other supervisor, the owner of the laboratory can write it. For corporate owners, this could be an officer or a member of the governing body. **The applicant's self-attestation is not acceptable.**

Dates must include the month and year. The day may be included if appropriate.

A. Letter writer:

a. Name

b. Title in relation to the applicant

c. Explain how your relationship allows you to attest to the applicant's training/experience

B. Laboratory where the applicant acquired training/experience:

a. Name

b. PFI (for NYS-permitted laboratories), if any, and CLIA number

c. Address: Street, City, State, and ZIP Code

d. Type: Examples include health department, hospital, independent, medical research, and university.

C. Describe the applicant's responsibilities in directing/supervising high complexity testing, as defined in as defined in paragraph **58-6.3(a)** of 10NYCRR, and the dates they performed these duties. (You can determine the complexity of FDA-approved tests by searching the FDA CLIA Test Complexity Database.)

Quick Guide to Applying

You can find additional instructions at www.wadsworth.org/regulatory/clep/certificate-requirements.

Note: If you are not currently certified by a board listed in paragraph 58-6.2(d) of 10 NYCRR and are not a licensed physician, you do **not** qualify for a Laboratory Director CQ.

1. **Fill out Sections 1 through 5**. Attach additional pages as needed.
2. **Complete, sign and date Section 6** on page four 4.
3. Include a **non-refundable** $150.00 application fee (check or money order payable to the **NYS Department of Health**).
4. **Attach your current CV**, including publications (required for all applications).
5. **Attach a copy of your board certificate** for each qualifying board selected in **Section 3**. For certificates without an expiration date, proof of current certification must be submitted with every application.
6. **Attach copy of your current physician or dentist licenses and registrations** if applicable.
7. **For Doctoral Degree Holders (US):** Attach official transcripts for your doctoral degree earned in the US. Transcripts must show at least 16 semester hours of doctoral-level coursework or an approved thesis/research project in biological, chemical, clinical laboratory, medical laboratory science, or medical technology from an accredited US institution.
8. **For Doctoral Degree Holders (Outside US):** Attach an equivalence evaluation of your doctoral degree from a current member of the National Association of Credential Evaluation Services (NACES) or the Association of International Credential Evaluators, Inc. (AICE). Use institutional code 000270 to share the report with the Wadsworth Center on EvalDirect.
9. **For Physicians Not Certified in Anatomic/Clinical Pathology (ABPath/AOBPath) or Doctoral Degree Holders:** Attach a third-party letter documenting your 2 years of experience directing/supervising high complexity testing. This letter must follow the "Instructions to Letter Writer" on page 5. Attach proof of 20 credit hours in clinical laboratory operations, including responsibilities in paragraph 58-6.3(a) of 10 NYCRR.
10. **For Recent Training (within 10 years):** Attach your residency and fellowship rotation schedules and certificates of completion if your training was in preparation for examination by a board listed in paragraph 58-6.2(d)(1) and (3) of 10 NYCRR and completed within the last 10 years.
11. **For Recent Experience (within 10 years):** A third-party letter is required if you have not served as a laboratory director in an acceptable laboratory (as defined in Subpart 58-6.1)) within the last 10 years and you did not complete a residency or fellowship for board exam preparation or your entire training was more than 10 years ago. This letter must follow "Instructions to Letter Writer" on page 5.