

Environmental Laboratory Application for Approval – Medical Marihuana

INSTRUCTIONS: Please refer to separate instruction forms. Complete all applicable sections of form, attach requested documents, and mail, fax [(518) 485-5568], or email (ELAP@health.ny.gov) the document.

For office use only

LAB ID: _____

TYPE: G ____ I ____ C ____

Section A: General Information

LABORATORY NAME _____

OTHER ACCREDITING AUTHORITY (if other than New York)

NYS DOH ELAP ID, if applicable _____

FEDERAL EMPLOYER ID _____

NYS DOH BNE LICENSE NUMBER _____
 (Attach copy of the current registration.)

OWNER TYPE

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Private | <input type="checkbox"/> Publicly Owned Corporation |
| <input type="checkbox"/> County | <input type="checkbox"/> Partnership | <input type="checkbox"/> Public Benefit Corporation |
| <input type="checkbox"/> State | <input type="checkbox"/> Chapter S Corporation | <input type="checkbox"/> Governmental Corporation |
| <input type="checkbox"/> Federal | <input type="checkbox"/> Privately Owned Corporation | <input type="checkbox"/> Other; Please specify: |

Lab telephone number(_____) _____ -- _____

Lab FAX number (_____) _____ -- _____

Lab e-mail address _____

Quality Manual enclosed (*New applications only*)

HOURS OF OPERATION - Please indicate days in operation and enter business hours.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From:							
To:							

Laboratory Location Address

Number & Street: _____

City, State, Zip: _____ - _____

NYS County _____ Country _____

Mailing Address if different from laboratory location

Number & Street: _____

City, State, Zip: _____ - _____

NYS County _____ Country _____

Billing Address if different from laboratory location

Number & Street: _____

City, State, Zip: _____ - _____

NYS County _____ Country _____

Please provide name of Accounts (Payable) Manager _____

Owner Information

Owner's Name: _____

Number & Street: _____

City, State, Zip: _____ - _____

NYS County _____ Country _____

Are there additional owners of 10% or more? _____ Yes _____ No

If yes, please provide a list of all additional owners on a separate sheet and attach it to this application.

LABORATORY CLASSIFICATION (Check only those that are applicable.)

___ Hospital or Health Care Facility

___ Academic Laboratory

___ Commercial or fee for service

___ Other; Please describe:

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Section B: Laboratory Personnel

Attach copies of pages 3 and 4 as necessary for each person designated to a specific role listed below. Please specify the area you will be directing next to lead technical director or technical director (e.g. Micro, Potency)

1. PERSONNEL APPROVAL (Check approval requested.)

- Lead Technical Director _____ Title (Select only one.)
 Technical Director (if applicable) _____ Ph.D. Ms.
 Quality Assurance (QA) Officer M.D. Mr.
 Other _____

Name _____

Phone No. (____) _____ --- _____ Extension No. _____

Hours On-Site - Indicate work hours.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From:							
To:							

2. COMPETENCE held by Personnel listed in Section B.1. (Check the one(s) that is(are) most applicable.)

- 4 yrs College + 24 Credits Chemistry QA/QC Documented Training/Experience
 4 yrs College + 16 Credits Biology includes
Micro

3. LABORATORY CONTACT PERSON

Name _____

Phone No. (____) _____ --- _____ Extension No. _____

4. HEALTH PROVIDER NETWORK (HPN) CONTACT PERSON

Name _____

Phone No. (____) _____ --- _____ Extension No. _____

Email Address _____ Month/Day of Birth _____ / _____

Note: This person will have access to the secure DOH website application, where assessment reports are posted, the annual renewal application is completed, etc.

Complete this page for each individual with credential requirements.

5. EDUCATION							
Attach appropriate degree, diploma, certificate, and/or transcript of grades to application.							
Name and location (City, State, and Country) of institution.	Period Attended		Major	Total semester credit hours			Degree, diploma or certificate awarded Mo/Yr Awarded
	From Mo/Yr	To Mo/Yr		Chemistry	Microbiology	Biology	

6. ENVIRONMENTAL LABORATORY EXPERIENCE				Indicate experience in number of months.			
List most recent one first.							
Name and location (City, State, and Country) of laboratory and/or institution. Any gaps in employment will be assumed to be non-environmental laboratory work periods.	Period Employed		Position(s) held	Quality Assurance	Inorganic Chemistry	Organic Chemistry	Microbiology
	From Mo/Yr	To Mo/Yr					

I certify that the information provided in this document is complete, true, and correct, and that providing false information is a basis for revocation of the laboratory's Certificate of Approval. I further understand that offering a false instrument is a crime under the New York State Penal Law.

Applicant's Printed Name _____ Applicant's Signature _____ Date _____

Certification of Compliance

Has any corporate shareholder or technical director ever had charges of administrative violations of local, state or federal laws, rules and regulations sustained against himself/herself?

_____ Yes _____ No

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

Has any corporate shareholder or technical director ever been convicted of any crime or offense related to the furnishing of or billing for environmental laboratory services or environmental remediation services or sample collection related thereto, which is considered an offense involving theft, fraud, or offering a false instrument?

_____ Yes _____ No

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

The undersigned understand and acknowledge that the laboratory is required to be in continual compliance with New York State's Environmental Laboratory Approval Program (ELAP) standards and is subject to the penalty provisions of the Program. I understand that under Section 55-2.6 of 10 NYCRR, a Certificate of Approval may be revoked, suspended, or denied if any fact is misrepresented in this application, including failure to notify ELAP regarding changes of ownership. Changes in any of the information in this application must be reported to ELAP immediately. I also understand that additional penalties may apply if I misrepresent, conceal, or fail to disclose facts or information regarding initial or continuing eligibility for a Certificate of Approval, including conviction of any crime related to the provision of or billing for laboratory services, omission or misrepresentation of material facts related to the operation of an environmental laboratory, or the concealment of ownership or controlling interest. I further understand that offering a false instrument constitutes a crime under the Penal Law of the State of New York.

It is certified that: the laboratory will operate in accordance with Section 502 of the Public Health Law; the owner or technical director will monitor and document the use of approved methods; records will be maintained as prescribed in the ELAP Quality Systems Standard; and the owner or technical director will notify ELAP if the laboratory is found to be in violation of any federal, state, or local law by the federal, state, or local agency enforcing that law; laboratory staff will permit authorized department employees to conduct announced or unannounced on-site assessments and investigations and will allow copies of any laboratory records to be taken by authorized department employees; the laboratory management will notify any other states in which the laboratory is accredited if the laboratory's New York ELAP accreditation is revoked or suspended in whole or in part; and the laboratory management will similarly notify New York ELAP if the laboratory's accreditation is revoked or suspended in whole or in part by any other state accrediting authority.

Under the New York State Workers Compensation Law, businesses applying for permits or licenses issued by the State must hold worker's compensation and disability benefits coverage or document their qualifying for an exception. Information regarding this requirement and the process for submitting proof of enrollment can be found in the *New York State Workers Compensation Board Employers Handbook – A Guide to the Worker's Compensation System for the New York State Business Owner*.

By signing as owner I hereby certify that I am the owner of the laboratory named in this application and that there are no misrepresentations in my answers to the questions on this application. By signing as the owner representative, I attest that I am authorized to sign on behalf of the owner named in this application.

Signature of Owner

Name of Owner (printed)

Date

Signature of Owner Representative

Name / Title of Owner Representative (printed)

Date

Signature of Lead Technical Director

Name of Lead Technical Director (printed)

Date

Signature of Quality Assurance Officer

Name of Quality Assurance Officer (printed)

Date