

WADSWORTH CENTER
 CLINICAL LABORATORY EVALUATION PROGRAM
 EMPIRE STATE PLAZA
 ALBANY, NEW YORK 12237
 E-Mail: CLEPCQ@health.ny.gov
 Web: www.wadsworth.org/clep

APPLICATION TO AMEND CERTIFICATE OF QUALIFICATION

Please refer to Part 19 of 10NYCRR, available on our website(<https://www.wadsworth.org/regulatory/clep/laws>) for a description of Certificate of Qualification (CQ) requirements. Please read and follow the instructions carefully. Incomplete or incorrectly completed applications will delay processing.

1. PERSONAL INFORMATION: CQ Code: _____ CQ Expiration Date: _____

Last Name	First Name	MI	
Home Address/Street	City	State	ZIP
Telephone Number(s) w/Area Code			
(Home or Mobile)		(Work)	
Home Email Address	Work Email Address		

Please be reminded, if you are intending to request a directorship or assistant directorship at a laboratory holding a NYS permit, please make the necessary additions using eCLEP at the Health Commerce System <https://commerce.health.state.ny.us> after your Certificate of Qualification is successfully amended.

SIGNATURE: _____ **DATE:** _____

NOTE: ALL SIGNATURES MUST BE ORIGINAL. SIGNATURE STAMPS AND ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED.

There is no fee to amend a CQ. Submit this form, **a current curriculum vitae** and other supporting documentation to:

Postal Service

CLINICAL LABORATORY EVALUATION
 PROGRAM
 WADSWORTH CENTER
 NEW YORK STATE DEPARTMENT OF HEALTH
 EMPIRE STATE PLAZA
 ALBANY, NY 12237

Express Service

CLINICAL LABORATORY EVALUATION
 PROGRAM
 BIGGS LABORATORY
 NEW YORK STATE DEPARTMENT OF HEALTH
 DOCK J – P1 LEVEL
 ALBANY, NY 12237

Please remember to indicate the requested category(ies) on page 2 and submit any required Questionnaires to complete your amendment application.

2. CATEGORIES REQUESTED: Check each category you seek to add to your certificate.

All Applicants must demonstrate recent experience in addition to the Requirements listed below. **Recent Experience** means acceptable training or experience in a specific category of clinical laboratory testing within the six years prior to this application. Categories marked with an asterisk require a Questionnaire be completed and submitted along with the application. Questionnaires are available on our website at www.wadsworth.org/regulatory/clep/certificate-requirements.

CHECK BELOW:	CATEGORIES	REQUIREMENTS	
		MD/DO, License, Registration, and:	Earned Doctoral Degree and:
	Andrology *	ABP(CP) + 6 mths, AOBP(LM) + 6 mths, or Experience	ABB(HCLD) + 6mths or Experience
	Bacteriology *	ABP(CP), ABMM, AOBP(LM) or Experience	ABB(HCLD), ABMM or Experience
	Blood Banking Collection – Comprehensive *	Experience	Experience
	Blood Banking Collection – Limited *	ABP(CP), ABIM(Hem), AOBP(LM) or Experience	Experience
	Blood Lead	ABP(CP), ABCC(TC), ABFT, AOBP(LM) or Experience	ABB(HCLD), ABCC(TC), NRCC or Experience
	Blood pH and Gases	ABP(CP), ABCC(CC), AOBP(LM) or Experience	ABB(HCLD), ABCC(TC), NRCC or Experience
	Cellular Immunology – • Leukocyte Function • Non-Malignant Leukocyte Immunophenotyping • Malignant Leukocyte Immunophenotyping	Experience	Experience
	Clinical Chemistry	ABP(CP), ABCC(CC), AOBP(LM) or Experience	ABB(HCLD), ABCC(CC), NRCC or Experience
	Clinical Toxicology	ABP(CP), ABCC(CC), ABCC(TC), ABFT, AOBP(LM) or Experience	ABB(HCLD), ABCC(CC), ABCC(TC), ABFT, NRCC or Experience
	Cytogenetics	Experience	Experience
	Cytopathology	ABP(AP) or AOBP(AP)	
	Diagnostic Immunology *	ABP(CP), ABP(MMB), ABMM, ABMLI, AOBP(LM) or Experience	ABB(HCLD), ABMM, ABMLI, or Experience
	Endocrinology	ABP(CP), ABCC(CC), AOBP(LM) or Experience	ABB(HCLD), ABCC(CC), NRCC 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 experience, AOBP(LM) or Experience	Experience
	Histocompatibility	Experience	Experience
	Histopathology - General	ABP(AP) or AOBP(AP)	
	Histopathology – Oral Pathology	ABP(AP) or AOBP(AP)	ABOMP (DDS Only)
	Histopathology - Dermatopathology	ABP(AP), ABP(DP), AOBP(DP)	
	Histopathology - Dermatopathology Mohs testing Only	ABD or AOBP(DP)	
	Immunohematology	ABP(CP), AOBP(LM) or Experience	Experience
	Mycobacteriology *	ABP(CP), ABP(MMB), ABMM, AOBP(LM) or Experience	ABB(HCLD), ABMM or Experience
	Mycology *	ABP(CP), ABP(MMB), ABMM, AOBP(LM) or Experience	ABB(HCLD), ABMM or Experience
	Oncology – Soluble Tumor Markers	Experience	Experience
	Oncology – Molecular and Cellular Tumor Markers	ABP(AP) + ABP(MGP), ABP(CP)+ABP(MGP), or Experience	Experience
	Parasitology *	ABP(CP), ABP(MMB), ABMM, AOBP(LM) or Experience	ABB(HCLD), ABMM or Experience
	Parentage/Identity Testing	Experience	Experience
	Therapeutic Substance Monitoring/Quantitative Toxicology	ABP(CP), ABCC(CC), ABCC(TC), AOBP(LM) or Experience	ABB(HCLD), ABCC(CC), ABCC(TC), NRCC or Experience
	Transfusion Services *	ABP(BB/TM), ABP(CP) + 6 mths , ABIM(Hem) + 6 mths, or Experience	
	Trace Elements	Experience	Experience
	Transplant Monitoring	Experience	Experience
	Virology *	ABMM or Experience	ABB(HCLD), ABMM or Experience
	Virology – limited to antigen detection and molecular methods	ABP(CP) or AOBP(LM) for direct antigen detection	Experience

* Please submit a completed Questionnaire available on our website at www.wadsworth.org/regulatory/clep/certificate-requirements

**NEW YORK STATE DEPARTMENT OF HEALTH
CLINICAL LABORATORY EVALUATION PROGRAM
CERTIFICATE OF QUALIFICATION APPLICATION**

INSTRUCTIONS TO AUTHORS OF LETTERS DOCUMENTING EXPERIENCE:

A third party letter documenting experience is required for _____.

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. Please be as precise as possible and include specific details, as below.

Include a description of your relationship to the applicant and how you are in a position to attest to his or her education and/or experience in the applied categories.

Include the name, address and facility type (hospital, medical research, etc.) where the training and/or experience was gained.

Include specific details about the types and volumes of laboratory tests personally performed, supervised and/or directed by the applicant, including tissue sources, equipment and methodology where relevant. Types of testing should be broken down by analyte and test volumes for each.

If documentation of laboratory management experience is required, please see part 19.3(c) of 10NYCRR below for laboratory director management experience criteria.

19.3(c) 10NYCRR To function effectively in fulfilling his or her duties and responsibilities, a laboratory director should possess a knowledge of basic clinical laboratory sciences and operations, and should have the training and/or experience and physical capability to discharge the following responsibilities: (1) provide advice to referring physicians regarding the significance of laboratory findings and the interpretation of laboratory data; (2) maintain an effective working relationship with applicable accrediting and regulatory agencies, administrative officials, and the medical community; (3) define, implement and monitor standards of performance in quality control and quality assurance for the laboratory and for other ancillary laboratory testing programs; (4) monitor all work performed in the laboratory to ensure that medically reliable data are generated; (5) assure that the laboratory participates in monitoring and evaluating the quality and appropriateness of services rendered, within the context of the quality assurance program, regardless of where the testing is performed; (6) ensure that sufficient qualified personnel are employed with documented training and/or experience to supervise and perform the work of the laboratory; (7) set goals and develop and allocate resources within the laboratory; (8) provide effective and efficient administrative direction of the laboratory, including budget planning and controls in conjunction with the individual(s) responsible for financial management of the laboratory; (9) provide educational direction to laboratory staff; (10) select all reference laboratories; and (11) promote a safe laboratory environment for personnel and the public.