

APPLICATION INSTRUCTIONS FOR CERTIFICATE OF QUALIFICATION

E-Mail: CLEPCQ@health.ny.gov

Web: www.wadsworth.org/regulatory/clep

Please read and follow the instructions carefully. **Incomplete or incorrectly completed applications will delay processing.**

1. PERSONAL INFORMATION

Provide all information requested. Authority for the Clinical Laboratory Evaluation Program to request personal information, including identifying information such as Social Security Number, and the authority to maintain such information is found in Section 5 of the New York State Tax Law. Disclosure of this information is mandatory. This information will be used for tax administration purposes and for any other purposes authorized by the Tax Law. The administrator of the Clinical Laboratory Evaluation Program is responsible for maintaining records of such information. The administrator can be reached in writing at the address listed above. E-mail addresses will be used to send electronic correspondence concerning the status of your application or that of a laboratory at which you are employed and will not be used for any other purpose.

2. GRADUATE/PROFESSIONAL EDUCATION

List all medical and graduate schools attended in chronological order indicating the degree received. Applicants with an earned doctoral degree in a chemical, physical, or biological science must provide an original transcript of their doctoral studies. Doctoral degrees earned at foreign colleges or universities must be evaluated for equivalency to the requirements of schools in the United States. The Department will accept credential equivalency evaluations from any of the organizations listed as members of the National Association of Credential Evaluation Services (www.naces.org) or the Association of International Credential Evaluators, Inc. (www.aice-eval.org). Please refer to the websites for current listings of member organizations, as this list is subject to change. Evaluations are valid only if received in the evaluating agency's sealed envelope or directly from the evaluating agency.

3. BOARD CERTIFICATION

New York State regulations recognize only those Boards listed below. On the application, please enter the abbreviation of board and specialty (see below) and date (re)certified. Applicants must provide a copy of their board certificate(s) and any recertifications.

ABBREVIATIONS FOR ACCEPTED BOARD CERTIFICATIONS:

ABB (HLCD)	American Board of Bioanalysis as High Complexity Laboratory Director
ABCC(CC)	American Board of Clinical Chemistry in clinical chemistry
ABCC(TC)	American Board of Clinical Chemistry in toxicological chemistry
ABD	American Board of Dermatology
ABFT	American Board of Forensic Toxicology
ABIM(Hem)	American Board of Internal Medicine in hematology
ABIM (Onc)	American Board of Internal Medicine in medical oncology
ABMLI	American Board of Medical Laboratory Immunology
ABMM	American Board of Medical Microbiology
ABOMP	American Board of Oral and Maxillofacial Pathology
ABP(AP)	American Board of Pathology in anatomic pathology
ABP(BB/TM)	American Board of Pathology in blood banking and transfusion medicine
ABP(CP)	American Board of Pathology in clinical pathology
ABP(DP)	American Board of Pathology in dermatopathology
ABP(MGP)	American Board of Pathology in molecular genetic pathology
ABP (MMB)	American Board of Pathology in medical microbiology
AOBP (LM)	American Osteopathic Board of Pathology in laboratory medicine
AOBP (AP)	American Osteopathic Board of Pathology in anatomic pathology
AOBP (DP)	American Osteopathic Board of Pathology in dermatopathology
NRCC	National Registry for Certified Chemists

4. QUALIFICATION FOR BOARD

Indicate the specific training and/or experience which qualified you to sit for board examination.

5. PHYSICIAN AND DENTIST LICENSURE

Physicians and dentists who are licensed and registered with the New York State Education Department must provide a copy of their current license and registration. Applicants not licensed in New York State but in another state must provide a copy of their current license in their state of practice.

6. EMPLOYMENT DURING THE PREVIOUS SIX YEARS

List all sites of employment within the previous six years.

7. CATEGORIES REQUESTED

Check off each category you seek to hold on your certificate.

- Please review the document, the **Definition and Scope of Certificate of Qualification Categories**, to determine applicable categories.
- To direct clinical laboratory testing in any category in a facility under New York State laboratory permit, the director/assistant director must hold the appropriate category on his/her Certificate of Qualification. Review the document **Certificate of Qualification Categories Required to Direct Current Permit Categories** for further information.
- For a list of abbreviations for board certification, please see item 3 above, BOARD CERTIFICATION.
- **ALL APPLICANTS MUST DEMONSTRATE EXPERIENCE IN EACH CATEGORY REQUESTED THAT WAS OBTAINED WITHIN THE PREVIOUS SIX YEARS.**
 - If you are applying for a category that has a qualifying board listed on page 1 and your entire residency and fellowship occurred within the past six years, specific letters of documentation attesting to your training/experience gained within the previous six years are not required unless experience is indicated as an additional requirement for the category (see Categories Requested table on the application).
 - If your residency and/or fellowship, or portions thereof, was completed more than six years prior to this application, one or more letters of documentation attesting to training/experience gained within the previous six years **are** required.
 - For rotation subjects during a residency and/or fellowship that were completed more than six years prior to this application, letters documenting additional experience are required.
- As noted on Categories Requested table on the application, some categories recognize experience in lieu of board certification. The applicant must demonstrate at least four years of postdoctoral training and/or experience in an acceptable laboratory, including two years in current methods and techniques in each category sought and two years in general laboratory management, or an equivalent combination of training and/or experience.
 - 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. **These letters must provide specific details about the dates and types of training and experience, including laboratory name, address, facility type (hospital, medical research, etc.), and specific types (analytes) and numbers of laboratory tests performed, supervised and/or directed.** Letters from administrators or other responsible third parties are acceptable only if the applicant documents that primary supervisors are not available.

8. CERTIFICATION

Respond to the questions by checking the appropriate answer. Sign and date the application.

Enclose a \$40.00 application fee payment by check or money order made payable to "New York State Department of Health." Indicate the applicant's name on the check or check stub. Submit the application form, a current curriculum vitae and supporting documentation along with the \$40.00 application fee to:

Postal Service

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

Express Service

**CLINICAL LABORATORY EVALUATION PROGRAM
WADSWORTH CENTER
NYS DEPARTMENT OF HEALTH
EMPIRE STATE PLAZA
P1 SOUTH, LOADING DOCK J
ALBANY, NEW YORK 12237**