NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center - Clinical Laboratory Evaluation Program
Empire State Plaza
Albany, NY 12237
E-mail: CLEPCQ@health.ny.gov
Web: www.wadsworth.org/regulatory/clep

Certificate of Qualification Questionnaire

Mycology

Instructions:	Complete in full for testing that you have personally performed, supervised and/or directed. Obtain all appropriate signatures and submit this form along with any applicable letters of documentation to the NYS Department of Health at the address listed above.

Name_____ CQ Code (if known)_____

Name of facility _____

Tests	Specimen Source	Dates (MM/YY-MM/YY)	Tests per Year	Instrument/Platform and Method/Chemistry	FDA Approved (Y/N)
Direct examinations (KOH mounts, stained smears, etc.)					
Microscopic Examinations					
Yeasts					
Molds					
Yeast Identification					
Conventional Methods					
Commercial Systems					
Mold Identification by Conventional Methods					
Aspergillus species					
Dermatophytes					
Dematiaceous					
Dimorphs					
Hyaline fungi					
Zygomycetes					
Molecular Detection and Characterization (specify organism(s))					
Antifungal Susceptibility Testing (specify organism(s))					
Antigen Testing (specify organism(s))					

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The applicant and supervisor/director must print and sign their names below.

Print applicant name	Applicant signature	Date
Print supervisor/director name	Supervisor/director signature	Date