

# STATE OF NORTH CAROLINA

## HIV Testing Certification

### Initial/Renewal Application

NC GS130A-148; 15A NCAC 20D and GS143B-165



Complete form to APPLY for or to RENEW Certification for HIV testing. Complete one application form for each HIV testing site location.

### **CERTIFICATION FOR HIV TESTING**

☐ RENEW ☐ NEW (FOR OFFICE USE ONLY) DATE CERTIFICATE MAILED: \_\_\_\_\_

Name \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_

DBA (if different from above) \_\_\_\_\_

Site LOCATION \_\_\_\_\_

CITY \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (if different from site) \_\_\_\_\_

PHONE \_\_\_\_\_ EIN# \_\_\_\_\_ Medicare # \_\_\_\_\_

OWNED by \_\_\_\_\_

Name/Title of Director \_\_\_\_\_

### **COMPLETE AS APPLICABLE**

HIV Confirmatory Test(s) performed [ ] Name: \_\_\_\_\_

HIV Proficiency Testing Program \_\_\_\_\_

CLIA ID# \_\_\_\_\_ Expires \_\_\_\_\_

AABB ID# \_\_\_\_\_ Expires \_\_\_\_\_

JCAHO ID# \_\_\_\_\_ Expires \_\_\_\_\_

CAP ID# \_\_\_\_\_ Expires \_\_\_\_\_

CONTACT PERSON	TITLE	PHONE
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AUTHORIZED SIGNATURE	TITLE	DATE
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CONTACT PERSON EMAIL ADDRESS: \_\_\_\_\_

Please return to: Acute Care/CLIA  
Certification Section 2713  
Mail Service Center Raleigh  
NC 27699-2713

OR BY EMAIL AT: [DHSR.CLIA@dhhs.nc.gov](mailto:DHSR.CLIA@dhhs.nc.gov) (preferred)

## **Registration and Renewal Process for Providers of HIV Testing, PAP Smear Screening & Mammography Screening**

This is a registration process for identification of facilities in NC providing these services.

- A certificate is issued every two years.
- Certificates expire on December 31st.
- Certificates are printed and mailed to facilities along with appropriate letter.
- There is no fee at this time for this certificate.
- All are renewed at the same time regardless of application date.
- Initial applications received during the year will have the same expiration date for that certification period.