STATE OF NORTH CAROLINA

PAP Smear Screening Certification

Initial/Renewal Application

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

Complete form to APPLY for or to RENEW Certification for PAP Smear Screening. Complete one application form for each PAP Smear Screening site location.

CERTIFICATION FOR **PAP SMEAR SCREENING**

[ ] RENEW [ ] NEW

DATE MAILED [**STATE GOVERNMENT USE ONLY**]: _____

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

Proficiency Testing Program_____
CLIA ID#_____Expires_____
AABB ID#_____Expires_____
JCAHO ID#_____Expires_____
CAP ID#_____ Expires_____

CONTACT PERSON TITLE PHONE

AUTHORIZED SIGNATURE TITLE DATE

CONTACT PERSON EMAIL ADDRESS:

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

0R BY EMAIL AT: 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.
- 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.