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| <p align="center">STATE OF NORTH CAROLINA</p> <p align="center">PAP Smear Screening Certification</p> <p align="center">Initial/Renewal Application</p> <p align="center">NC GS130A-148; 15A NCAC 20D and GS143B-165</p> | |
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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 |
|----------------|-------|-------|

| | | |
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| AUTHORIZED SIGNATURE | TITLE | DATE |
|----------------------|-------|------|

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 (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.