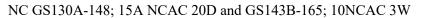
STATE OF NORTH CAROLINA

2019 HIV Testing Certification

Initial/Renewal Application





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

<u>CERTIFI</u>	CATION FOR HIV TESTING		
[] []			
RENEW NEW DATE MAILED [S	STATE GOVERNMENT USE ONLY]	:	
Name	CERTIFICATE #		
DBA (if different from above)			
Site LOCATION			
CITY		ZIP	
MAILING ADDRESS (if different fr	om site)		
PHONE () EIN#_	Medicare	#	
OWNED by			
FDA MQSA#	#Units: FIXED	MOBILE	
Name/Title of Director			
COMPLETE AS APPLICABLE			
HIV Confirmatory Test(s) performed	[] Name:		
HIV Proficiency Testing Program			
CLIA ID#	Expires		
AABB ID#			
JCAHO ID#			
CAP ID#			
CONTACT PERSON	TITLE	PHONE	

TITLE

AUTHORIZED SIGNATURE

DATE

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.
- Completed applications can be emailed to DHSR.CLIA@dhhs.nc.gov for your convenience. It is not necessary to send them in the mail.

Division of Health Service Regulations Acute Care/CLIA Certification Section 2713 Mail Service Center Raleigh NC 27699-2713