

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 _____

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

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 also be faxed to 919-733-0176; it is not necessary to send them in the mail.