



FOR OFFICE USE ONLY

NAME _____

I.D.# _____ DATE RECEIVED _____

FEE \$ _____ CHECK # _____ DATE _____

CREDENTIALS COMMITTEE:

NAME _____ DATE _____ ACTION TAKEN _____

906 Olive Street, Suite 1200
 St. Louis, MO 63101-1448
 Phone: (314)241-1445 • Fax: (314)241-1449
 E-Mail: abb@abbcert.org
 Web: www.abbcert.org

APPLICATION FOR ABB CERTIFICATION

Check the certification that you are applying for. Where applicable, be sure to check specialty area(s):

High-complexity Clinical Laboratory Director (HCLD)

Technical Supervisor (TS)

If applying for HCLD or TS, select a minimum of one (1):

- Andrology
- Embryology*
- Chemistry
- Diagnostic Immunology
- Hematology
- Microbiology
- Molecular Diagnostics
- Public Health Microbiology

* For an embryologist, there are two director certifications available, HCLD and ELD. HCLD certification qualifies you as a director under CLIA, whereas ELD certification does not. An HCLD in embryology can automatically qualify for ELD, but not vice versa. Refer to the ABB certification standards brochure for details.

Public Health Laboratory Director (PHLD)

Embryology Laboratory Director (ELD)

Bioanalyst Clinical Laboratory Director (BCLD)

If applying for BCLD, select a minimum of three (3):

- Chemistry
- Diagnostic Immunology
- Hematology
- Microbiology OR Public Health Microbiology (circle exam you wish to take)
- Molecular Diagnostics

Clinical Consultant (CC)

General Supervisor (GS)

This is a Sample Application for Certification for your information and reference. **Only applications completed online will be accepted for review.** You may use this sample application as a guide or reference when completing the application online. Complete the online application for certification at www.abbcert.org. Click on **Certification Application**.

If you have any questions, contact:

American Board of Bioanalysis
 906 Olive Street, Suite 1200 • St. Louis, MO 63101-1448
 Telephone: (314)241-1445 • Fax: (314)241-1449
 Email: abb@abbcert.org • Websites: www.abbcert.org and www.aab.org

Applications MUST be submitted in English. ALL items throughout this application must be completed. Please designate "not applicable" where necessary. All applicants must have current and past employment history verified by the ABB Office. Applicants for certification must also provide copies of documentary evidence of professional training, college transcripts, state or local license, societal certifications, professional references, etc. References and employment verifications must be on letterhead and contain original signatures. **Academic transcripts must be forwarded to the ABB Office directly from the issuing institution and must be official and contain the seal of the educational institution.** All international transcripts must be provided in English. Transcripts that are not provided in English must be translated by a service approved by ABB. The cost of the translation shall be paid by the applicant. This application must be notarized. **Failure to provide the foregoing will only delay your application.**

Social Security No. - -

If no Social Security#, indicate Passport number: _____ Country _____

1. Name _____
Last First Middle

2. All Prior Names _____

3. Home Address _____
Street & Number

City State Zip Code

Telephone: Please check the box in front of the telephone number at which you can be reached during daytime hours.

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

4. Business _____
Name of Organization Your Position or Title

Business Address Business Telephone

City State Zip Code

5. Please indicate where mail is to be sent Home Address Business Address

6. Date of Birth _____ Male Female Place of Birth _____
City, State, Country

7a. Are you now, or have you ever been suspended or excluded as a healthcare provider from participation in Medicare, Medicaid or other federal or state health care programs?

YES NO

7b. Are you now, or have you ever been the subject of a state proceeding that has resulted in the loss or suspension of a professional license or certification, or other action that has precluded you from providing clinical laboratory services?

YES NO

7c. If the answer to either of the above questions is "Yes," provide complete details.

8. **Education** - Degrees earned in the United States must be from a college, university or other institution accredited by an accreditation organization recognized by the U.S. Office of Education. All degrees received from educational institutions outside the United States must be evaluated for equivalency by an agency acceptable to the American Board of Bioanalysis. A detailed report of course-by-course evaluation is required. Be sure to check with the agency to ensure that this service is offered before requesting an evaluation. **Evaluations from approved agencies must be forwarded to the American Board of Bioanalysis directly from the issuing agency and must be official.** Fees for such an evaluation shall be borne by the applicant. A list of acceptable agencies is enclosed with this application.

Academic transcripts must be forwarded to the American Board of Bioanalysis directly from the issuing institution and must be official and contain the seal of the educational institution. All international transcripts must be provided in English. Transcripts that are not provided in English must be translated by a service approved by ABB. The cost of the translation shall be paid by the applicant.

Institution Name (Community College, College, Univ., Post-Grad. etc.)	Location	Dates Attended	Fields of Specialization		Degree And Year Received
			Major Subject	Minor Subject	

9. **Other schooling or training pertinent to the bioanalytical or clinical laboratory (military, laboratory technology, etc.)**

Institution Name	Location	Dates Attended	Types Of Course (Give Details)	Completed Or Not

10. **Have you ever been certified, registered or licensed to direct, manage, supervise, or consult in a clinical laboratory by any organization or by a state, federal, or other government agency?** (Includes Medicare, CLIA, state license, etc.) YES NO

Organization Or Agency	Date Of Certification	Category Or Title	Did You Take An Exam?	License Or Certificate No.

- A. **Has your certification, registration, or license ever been revoked?** YES NO

If Yes, explain: _____

11. **Did you pass the HHS (formerly HEW) Proficiency Examination?** Yes No

If yes, attach a copy of your HHS clinical laboratory technologist (CLT) card.

If you lost your HHS card and wish to obtain a replacement, write to: **Professional Examination Service, 475 Riverside Drive, 6th Floor, New York, NY 10115, telephone: (212)367-4338 or (212)367-4200.**

12. Work experience in the clinical laboratory (include only testing on human specimens).

Years of experience as a full-time director*: _____ Years Years of experience as a full-time supervisor*: _____ Years
 Years of experience as a full-time manager: _____ Years Years of experience as a full-time consultant*: _____ Years
 Years of full-time clinical laboratory experience other than as a director, supervisor, manager, or consultant: _____ Years

Explain type of experience _____

*Position (director, supervisor, or consultant) as defined under CLIA '88.

The American Board of Bioanalysis will verify all current and previous employment. All experience listed must be obtained within the ten years immediately prior to the application date.

A. Employment History: List below employment history beginning with present employment. Attach additional sheets as necessary. Please use complete names and addresses. Incomplete information may delay the processing of your application. **All employment must be documented on the official verification of employment form that ABB mails directly to each employer.**

1. From: _____ To: _____ (Month, Day, Year) (Present Month, Day, Year)	Position(s) held and dates:
Name and Address of Institution, Organization, Employer, etc.	<i>Laboratory Director or Chief Administrative Officer of the Laboratory/Facility</i> Full Name and Title: Degrees:

Briefly state your duties, responsibilities, and activities:

2. From: _____ To: _____ (Month, Day, Year) Month, Day, Year)	Position(s) held and dates:
Name and Address of Institution, Organization, Employer, etc.	<i>Laboratory Director or Chief Administrative Officer of the Laboratory/Facility</i> Full Name and Title: Degrees:

Briefly state your duties, responsibilities, and activities:

12. A. Employment History (continued):

3. From: _____ To: _____ (Month, Day, Year) (Month, Day, Year)	Position(s) held and dates:
Name and Address of Institution, Organization, Employer, etc.	<i>Laboratory Director or Chief Administrative Officer of the Laboratory/Facility</i> Full Name and Title: Degrees:

Briefly state your duties, responsibilities, and activities:

4. From: _____ To: _____ (Month, Day, Year) (Month, Day, Year)	Position(s) held and dates:
Name and Address of Institution, Organization, Employer, etc.	<i>Laboratory Director or Chief Administrative Officer of the Laboratory/Facility</i> Full Name and Title: Degrees:

Briefly state your duties, responsibilities, and activities:

5. From: _____ To: _____ (Month, Day, Year) (Month, Day, Year)	Position(s) held and dates:
Name and Address of Institution, Organization, Employer, etc.	<i>Laboratory Director or Chief Administrative Officer of the Laboratory/Facility</i> Full Name and Title: Degrees:

Briefly state your duties, responsibilities, and activities:

13. References. Names, addresses, and affiliations of two qualified laboratory directors or physician clients. (These directors should be easily identifiable as qualified directors by CLIA or state licensure or some other such identification):

Name _____

Address _____

Title _____ Affiliation _____

Name _____

Address _____

Title _____ Affiliation _____

14. Attach curriculum vitae, list of scientific papers published and awards received.

15. The following statement must be signed and notarized:

I, _____, being duly sworn, depose and say that I completed application ID# _____ to the American Board of Bioanalysis for certification as a(n) _____; that I have made and read the contents hereof; and that to the best of my knowledge, information and belief, the answers and statements provided are true.

In making this application to the American Board of Bioanalysis for the issuance to me of a certificate, in accordance with all rules governing the American Board of Bioanalysis, I understand and agree that in the event of any misstatement or misrepresentation in said application, I am subject to the forfeiture or suspension of my certificate or refusal to issue a certificate at the sole discretion of the American Board of Bioanalysis. I further agree to hold harmless the American Board of Bioanalysis or any of its officers or agents from any potential liability the American Board of Bioanalysis or any of its officers or agents may have with respect to the application, including, but not limited to, failure to issue, revocation, or any other matter relative to this application or the certificate.

Applicant's Signature Date

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary Public in and for the State of _____

My Commission expires _____ 20 _____

Official Stamp or Seal of Notary

16. Confidentiality Policy. All materials and information submitted regarding an application will be kept confidential. No material or information will be released except upon written authorization by the applicant or as required by law.

Release of Member/Applicant Information. Applicants to the American Board of Bioanalysis must submit in writing to the ABB office a letter indicating what information is to be released and to whom the information is to be released.

17. Falsifying, misrepresenting, or misstating information submitted as part of, or in addition to, an application shall be grounds for denying, revoking or suspending certification.

Falsifying, misrepresenting, or misstating information regarding an individual's certification, including the disciplines in which an individual is certified or the status of an individual's certification, shall be grounds for denying, revoking or suspending certification.

ABB certification may be denied, revoked or suspended at the discretion of ABB upon a finding that the certificant does not possess the character or fitness suitable for ABB certification.

Grounds for denial, revocation or suspension include, but are not limited to, conviction of a felony or of a health care offense; sanctioning by a federal or state governmental body; an act of moral turpitude; falsifying, misrepresenting, or misstating information submitted on or with an application for certification; falsifying, misrepresenting, or misstating information regarding an individual's certification; illegal residency; or failure to maintain and document the required Continuing Education Units (CEUs).

CERTIFICATION FEES

Your payment, in U.S. dollars and in the appropriate amount, should be made payable to the "American Board of Bioanalysis" and must accompany this application. **All fees are non-refundable.**

Certification Fees (must accompany this certification application)	<u>Fees</u>
● Application for certification	\$250
● Reinstatement of certification*	\$250
● Upgrading of certification	\$250

The above fees apply to applications completed 30 or more days prior to the applicable examination date. For applications not completed at least 30 days prior to the applicable examination date, a **\$100 late fee** must be paid in addition to the certification fee listed above. There is no guarantee that the Board's review and decision on an application completed less than 30 days prior to an examination date will be rendered prior to the examination date.

Examination Fees (due upon ABB approval to take applicable examination)

● General Knowledge or ELA (required for BCLD, HCLD, PHLD, or ELD)	\$185
● One Technical Discipline	\$185
● Additional Technical Discipline taken on the same day	\$130
● General Knowledge or ELA plus one Technical Discipline taken on the same day	\$315
● General Knowledge or ELA plus two Technical Disciplines taken on the same day	\$445
● General Supervisor	\$185

*Please refer to the certification standards brochure for reinstatement policy.

PAYMENT METHOD:

Please charge my: MasterCard VISA American Express Discover Card

Cardholder's Signature _____

Print Name As It Appears On Card _____

Credit Card # _____ Exp. _____ CVC _____

Total Fees Enclosed \$ _____