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FOR OFFICE USE ONLY		
NAME _____		
I.D.# _____	DATE RECEIVED _____	
FEE \$ _____	CHECK # _____	DATE _____
CREDENTIALS COMMITTEE:		
NAME _____	DATE _____	ACTION TAKEN _____

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

NEW IN 2009: 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.

Embryology Laboratory Director (ELD)

Bioanalyst Clinical Laboratory Director (BCLD)

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

Chemistry
 Diagnostic Immunology
 Hematology
 Microbiology

Clinical Consultant (CC)

General Supervisor (GS)

NEW SPECIALTY FOR 2009:

**Public Health Microbiology for
 Directors and Technical Supervisors**

ALL items throughout this application must be completed. Please designate "not applicable" where necessary. If space is insufficient, ATTACH plain continuation sheets with additional information. Be sure your name and address appear on all additional sheets.

The ABB application may be completed in one of two ways:

- 1. Online.** Visit www.aab.org, click on **American Board of Bioanalysis** followed by **Applications/Fees**. Complete the application online, print the completed application, have the application notarized, and forward to ABB along with requested documentation and fees.
- OR**
- 2. Typewritten.** Fill in a printed application using a typewriter, have the application notarized, and forward to ABB along with requested documentation and fees.

ALL APPLICATIONS MUST BE SUBMITTED IN ENGLISH. NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED!

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.** This application must be notarized. **Failure to provide the foregoing will only delay your application.**

APPLICATION MUST BE TYPEWRITTEN. HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED.

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 _____ Your Position or Title _____
Name of Organization

_____ 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.

1. Institution Name (Community College, College, University, Post-Grad, etc.) **Location**

Fields of Specialization

Major Subject _____ Minor Subject _____

Dates Attended _____ **Degree and Year Received** _____

2. Institution Name (Community College, College, University, Post-Grad, etc.) **Location**

Fields of Specialization

Major Subject _____ Minor Subject _____

Dates Attended _____ **Degree and Year Received** _____

3. Institution Name (Community College, College, University, Post-Grad, etc.) **Location**

Fields of Specialization

Major Subject _____ Minor Subject _____

Dates Attended _____ **Degree and Year Received** _____

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

1. Institution Name **Location**

Types of Course (Give details) _____

Dates Attended _____ **Completed or Not** _____

2. Institution Name **Location**

Types of Course (Give details) _____

Dates Attended _____ **Completed or Not** _____

3. Institution Name **Location**

Types of Course (Give details) _____

Dates Attended _____ **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

1. Organization Or Agency

Category Or Title

Date of Certification _____ Did you take an exam? _____ License or Certificate # _____

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.

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)

Name of Institution, Organization, Employer, etc. _____

Address _____

City _____ State _____ Zip Code _____

Position(s) held and dates: _____

Full Name and Title of Laboratory Director or Chief Administrative Officer of the Laboratory/Facility

Degrees: _____

Briefly state your duties, responsibilities, and activities:

12. A. Employment History, continued

2. **From:** _____ **To:** _____
(Month, Day, Year) (Month, Day, Year)

Name of Institution, Organization, Employer, etc. _____

Address _____

City _____ **State** _____ **Zip Code** _____

Position(s) held and dates: _____

Full Name and Title of Laboratory Director or Chief Administrative Officer of the Laboratory/Facility

Degrees: _____

Briefly state your duties, responsibilities, and activities:

3. **From:** _____ **To:** _____
(Month, Day, Year) (Month, Day, Year)

Name of Institution, Organization, Employer, etc. _____

Address _____

City _____ **State** _____ **Zip Code** _____

Position(s) held and dates: _____

Full Name and Title of Laboratory Director or Chief Administrative Officer of the Laboratory/Facility

Degrees: _____

Briefly state your duties, responsibilities, and activities:

12. A. Employment History, continued

4. **From:** _____ **To:** _____
(Month, Day, Year) (Month, Day, Year)

Name of Institution, Organization, Employer, etc. _____

Address _____

City _____ **State** _____ **Zip Code** _____

Position(s) held and dates: _____

Full Name and Title of Laboratory Director or Chief Administrative Officer of the Laboratory/Facility

Degrees: _____

Briefly state your duties, responsibilities, and activities:

5. **From:** _____ **To:** _____
(Month, Day, Year) (Month, Day, Year)

Name of Institution, Organization, Employer, etc. _____

Address _____

City _____ **State** _____ **Zip Code** _____

Position(s) held and dates: _____

Full Name and Title of Laboratory Director or Chief Administrative Officer of the Laboratory/Facility

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, _____, according to law, depose and say that I am the applicant named in this application, that I have made or read the contents hereof, and that to the best of my knowledge, information, and belief, the foregoing answers and statements 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 this document, 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 Name (please print)

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 by it that the certificated 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; or illegal residency.

Mail this application, necessary documentation, and payment for proper fees to: **The American Board of Bioanalysis, 906 Olive Street, Suite 1200, St. Louis, MO 63101-1448, phone: (314)241-1445, fax: (314)241-1449, email: abb@abbcert.org, web site: www.abbcert.org**

Name (please print) _____ Signature _____

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)

- Application for certification \$225
- Reinstatement of certification \$275
- Upgrading of certification \$225

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, or ELD**) \$175
- One Technical Discipline \$175
- Additional Technical Discipline taken on the same day \$100
- General Knowledge or ELA plus one Technical Discipline taken on the same day \$295
- General Knowledge or ELA plus two Technical Disciplines taken on the same day \$395
- General Supervisor \$175

SPECIFY PAYMENT METHOD:

Check or Money Order Enclosed, Payable to "ABB" (US Dollars ONLY)

Please charge my: MasterCard VISA American Express Discover Card

Cardholder's Signature _____

Print Name As It Appears On Card _____

Credit Card# _____ Expiration Date _____

Total Fees Enclosed \$ _____