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)

ATTENTION VETERANS: The American Board of Bioanalysis (ABB) examination fees for High-complexity Clinical Laboratory Director (HCLD), Technical Supervisor (TS), Public Health Laboratory Director (PHLD), Embryology Laboratory Director (ELD), Bioanalyst Clinical Laboratory Director (BCLD) are approved for reimbursement under the G.I. Bill. For more information, visit www.benefits.va.gov/gibill/licensing_certification.asp.
Social Security No.  □ □ □ – □ □ – □ □ □ □ □
If no Social Security#, indicate Passport number: __________________________ Country__________

1. Name
   Last  First  Middle

2. All Prior Names
   ____________________________________________________________
   Must provide documentation of all name changes.

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.

   ____________________________________________________________
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   ____________________________________________________________
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.

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Fields of Specialization</th>
<th>Degree And Year Received</th>
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9. **Other schooling or training pertinent to the bioanalytical or clinical laboratory (military, laboratory technology, etc.)**

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Types Of Course (Give Details)</th>
<th>Completed Or Not</th>
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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.)  

<table>
<thead>
<tr>
<th>Organization Or Agency</th>
<th>Date Of Certification</th>
<th>Category Or Title</th>
<th>Did You Take An Exam?</th>
<th>License Or Certificate No.</th>
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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, contact: Jay Powell, Professional Examination Service, at phone: (212)367-4341, email: jpowell@proexam.org.

3
12. Work experience in the clinical laboratory (include only testing on human specimens).

<table>
<thead>
<tr>
<th>Position</th>
<th>Years of Experience</th>
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<tbody>
<tr>
<td>full-time director*</td>
<td>Years: _____</td>
</tr>
<tr>
<td>full-time supervisor*</td>
<td>Years: ____</td>
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<tr>
<td>full-time manager</td>
<td>Years: _____</td>
</tr>
<tr>
<td>full-time consultant*</td>
<td>Years: ____</td>
</tr>
<tr>
<td>full-time clinical laboratory</td>
<td>Years: ____</td>
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</tbody>
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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.

<table>
<thead>
<tr>
<th>From: ___________________</th>
<th>To: ___________________</th>
<th>Position(s) held and dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month, Day, Year)</td>
<td>(Present Month, Day, Year)</td>
<td></td>
</tr>
<tr>
<td>Name and Address of Institution, Organization, Employer, etc.</td>
<td>Current Laboratory Director on CLIA Certificate**</td>
<td>Full Name and Title:</td>
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<td></td>
<td>Degrees:</td>
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<tr>
<td>Briefly state your duties, responsibilities, and activities:</td>
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</tr>
</tbody>
</table>

2. From: ___________________ | To: ___________________ | Position(s) held and dates: |
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</thead>
<tbody>
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**If the laboratory does not have a CLIA certificate, name of the current director on the laboratory’s CAP or Joint Commission certificate (if applicable). If the laboratory does not have a CLIA, CAP or Joint Commission certificate, then the form should be completed by the individual’s immediate superior, such as the director or chief executive officer of the laboratory.
12. A. Employment History (continued):

<table>
<thead>
<tr>
<th>3. From: _______________</th>
<th>To: _______________</th>
<th>Position(s) held and dates:</th>
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<tr>
<th>Name and Address of Institution, Organization, Employer, etc.</th>
<th>Current Laboratory Director on CLIA Certificate**</th>
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<tr>
<td>Full Name and Title:</td>
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<td>Degrees:</td>
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Briefly state your duties, responsibilities, and activities:

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<th>4. From: _______________</th>
<th>To: _______________</th>
<th>Position(s) held and dates:</th>
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<th>Name and Address of Institution, Organization, Employer, etc.</th>
<th>Current Laboratory Director on CLIA Certificate**</th>
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<td>Full Name and Title:</td>
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<td>Degrees:</td>
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<th>5. From: _______________</th>
<th>To: _______________</th>
<th>Position(s) held and dates:</th>
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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_______

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.

ATTENTION VETERANS: The American Board of Bioanalysis (ABB) examination fees for High-complexity Clinical Laboratory Director (HCLD), Technical Supervisor (TS), Public Health Laboratory Director (PHLD), Embryology Laboratory Director (ELD), and Bioanalyst Clinical Laboratory Director (BCLD) are approved for reimbursement under the G.I. Bill. For more information, visit www.benefits.va.gov/gibill/licensing_certification.asp.

Certification Fees (must accompany this certification application)

- Application for certification ................................................................. $325
- Upgrading of certification ................................................................. $325

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 $150 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) ........................................... $225
- One Technical Discipline ................................................................. $225
- Additional Technical Discipline taken on the same day ........................................... $130
- General Knowledge or ELA plus one Technical Discipline taken on the same day ........................................... $355
- General Knowledge or ELA plus two Technical Disciplines taken on the same day ........................................... $485

*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 $  .................