

STATE OF NORTH CAROLINA

2019 HIV Testing Certification

Initial/Renewal Application

NC GS130A-148; 15A NCAC 20D and GS143B-165; 10NCAC 3W



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

CERTIFICATION FOR HIV TESTING

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 _____

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# _____ Expires _____

JCAHO ID# _____ Expires _____

CAP ID# _____ Expires _____

CONTACT PERSON _____ TITLE _____ PHONE _____

AUTHORIZED SIGNATURE _____ TITLE _____ 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