

**STATE OF NORTH CAROLINA**  
**2019 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 be emailed to [DHSR.CLIA@dhhs.nc.gov](mailto:DHSR.CLIA@dhhs.nc.gov) for your convenience. It is not necessary to send them in the mail.