

Maryland Department of Health Office of Health Care Quality - Laboratory Licensing Programs 7120 Samuel Morse Drive Second Floor Columbia, Maryland 21046

Phone: 410.402.8025 Fax: 410.402.8213

Instructions for Completion of Public Health Testing Application

It is important that you fill out the application form completely, including signatures where required. If the form is incomplete it will delay the licensing process.

Please submit the completed registration form with director diploma and clinical license to:

Maryland Department of Health
Office of Health Care Quality – Laboratory Licensing Programs
7120 Samuel Morse Drive
Second Floor
Columbia, Maryland 21046
Phone: 410.402.8025 Fax: 410.402.8213

The Public Health License will be mailed upon approval of the application.

If you have questions about this form, please contact the Laboratory Licensing Division at 410-402-8025. If you have questions about Public Health Testing please contact the Center for HIV Prevention and Health Services at 410-767-5813



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Office Use Only	
Registration Number: PHT -	
Date Received:	

Public Health Testing Application

Laboratory Information					
Laboratory Name		CLIA Number			
Address					
City/State/Zip Code					
Telephone Number	Fax Number		Email Address		
Director Information					
Director Name		Degree			
Conif of a local department of the Possible Poss	16		Chan Waling I have No		
Certification by American Specialty Board (name, date, number)		State Medical License Number			
The Public Health Testing Application limits the facility to the performance of rapid HIV and Hepatitis C antibody testing.					
Have you contacted and had training from the Center of HIV Prevention and Health Services? Yes				No	
In which proficiency testing program(s) is the laboratory enrolled?					
	Attes	station			
Icertify that the information provided in this application is true and complete. I agree to abide by the laws of Maryland governing medical laboratories and I understand that any willful and knowing false statement or representation or failure to fully disclose the requested information in this application may lead to a denial of a license or the suspension or revocation of the public health testing license issued to this entity to offer or perform medical laboratory tests. I also understand that compliance with State laws and regulations may not assure					
compliance with federal requirements.	ory tests. Paiso universtal	па matcomphance with	State i aws anureguiations ma	iy notassure	
Signature of Laboratory Director			Date		