



Enclosed is the clinical laboratory licensure packet you requested. Please fill out the appropriate forms carefully and completely and return to this office with the **licensure fee of \$500.00**.

Please make the check payable to the **GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

Each facility must have a licensed laboratory director. If your laboratory director is not currently licensed, please complete the appropriate form and submit to this office along with a **\$10.00 fee**.

The following documents can be obtained online under the licensure requirements and initiating the appropriate form(s) necessary for licensure:

1. "Rules" for Licensure of Clinical Laboratories (Chapter 111-8-10)- Please see website: **www.dch.georgia.gov**. **Current Rules and Regulations**.
2. Application For a Clinical Laboratory License
3. Application For Laboratory Director License, if applicable
4. Guidelines for licensing a Specimen Collection Station

Complete the appropriate forms and return them to this office. A survey will be conducted verifying compliance with State licensure requirements **prior to the opening of your facility** for patient testing or specimen collection.

If you have any questions, please do not hesitate to contact this office at (404)657-5450. Thank you for completing and returning these forms as soon as possible.

Sincerely,

Nancy Spradlin
Program Director
Diagnostic Services Unit
Healthcare Facility Regulation Division

I hereby attest that all of the statements made in this application are true, complete and correct to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ DATE _____

5. CERTIFICATIONS and / or REGISTRATIONS (Attach copies of certificates or Letter of Eligibility)

CERTIFYING AUTHORITY	DATE CERTIFIED	BOARD ELIGIBLE	SPECIALIZATION

6. EDUCATION

NAME and LOCATION of College or University	MAJOR	Dates Attended (mo. / yr)		DEGREE
		FROM	TO	

7. LABORATORY TRAINING (complete in detail) MOST RECENT

A. Medical Technology (Certification _____) Research Internship Residency Other (specify) _____

Name and Address of Institution	Laboratory Specialty In Which you Trained
Training Dates	Name and Degree of Immediate Supervisor during Training

B. Medical Technology (Certification _____) Research Internship Residency Other (specify) _____

Name and Address of Institution	Laboratory Specialty In Which you Trained
Training Dates	Name and Degree of Immediate Supervisor during Training

8. LABORATORY EXPERIENCE (complete in detail)

A. Name and Address of Institution	Dates Employed
Name and Degree of Laboratory Director	Your Job Title

Experience was in the following: (if more than one, give length of time in each)

- | | | |
|--------------------|-----------------------|--------------------|
| Clinical Chemistry | Immunology & Serology | Cytogenetics |
| Hematology | Pathology | Metabolic Disorder |
| Immunohematology | Radiobioassay | Other _____ |
| Microbiology | Tissue Banking | |

Description of duties: _____

B. Name and Address of Institution	Dates Employed
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Name and Degree of Laboratory Director	Your Job Title	
Experience was in the following: (if more than one, give length of time in each)		
Clinical Chemistry	Immunology & Serology	Cytogenetics
Hematology	Pathology	Metabolic Disorder
Immunoematology	Radiobioassay	Other _____
Microbiology	Tissue Banking	
Description of duties: _____		

9. LABORATORY (IES) for which you will serve as licensed director:

A. Name and Address:	Telephone #
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Number of hours per week devoted to the Directorship of this laboratory: _____

Do you also serve as supervisor ? YES NO

Supervisor / Manager (s):	Categories	Hours / Week
1. Name:		

B. Name and Address:	Telephone #
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Number of hours per week devoted to the Directorship of this laboratory: _____

Do you also serve as supervisor ? YES NO

Supervisor / Manager (s):	Categories	Hours / Week
1. Name:		

C. Name and Address:	Telephone #
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Number of hours per week devoted to the Directorship of this laboratory: _____

Do you also serve as supervisor ? YES NO

Supervisor / Manager (s):	Categories	Hours / Week
1. Name:		

**INSTRUCTIONS FOR COMPLETING AFFIDAVIT
REQUIRED TO BECOME LICENSED**

In order to obtain a license from the Department of Community Health to operate your business, Georgia law requires every applicant to complete an affidavit (sworn written statement) before a Notary Public that establishes that you are lawfully present in the United States of America. This affidavit is a material part of your application and must be completed truthfully. Your application for licensure may be denied or your license may be revoked by the Department if it determines that you have made a material misstatement of fact in connection with your application to become licensed. If a corporation will be serving as the governing body of the licensed business, the individual who signs the application on behalf of the corporation is required to complete the affidavit. Please follow the instructions listed below.

1. Review the list of Secure and Verifiable Documents under O.C.G.A. §50-36-2 which follows these instructions. This list contains a number of identification sources to choose from that are considered secure and verifiable that you can use to establish your identity, such as a U.S. driver's license or a U.S. passport. Locate one original document on the list to bring to the Notary Public to establish your identity.
2. Print out the affidavit. (If you do not have access to a printer, you can go to your local library or an office supply store to print out the document for a small fee.)
3. Fill in the blanks on the Affidavit above the signature line only—**BUT DO NOT SIGN THE AFFIDAVIT at this time.** (You will sign the affidavit in front of the Notary Public.) Fill in the name of the secure and verifiable document (for example, Georgia driver's license, U.S. passport) that you will be presenting to the Notary Public as proof of your identity. **CAUTION: Put your initials in front of only ONE of the choices listed on the affidavit and described here below:**
 - Option 1) is to be initialed by you if you are a United States citizen; or
 - Option 2) is to be initialed by you if you are a legal permanent resident of the United States. You are not a U.S. citizen but you have a green card; or
 - Option 3) is to be initialed by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident) with an alien number issued by the Department of Homeland Security or other federal immigration agency. Fill in the alien number, as well.
4. Find a Notary Public in your area. Check the yellow pages, the internet or with a local business, such as a bank.
5. Bring your affidavit and the identification you selected (from the list of Secure and Verifiable Documents) to appear before the Notary Public.

- 6. Show the Notary Public your secure and verifiable identification (anything on List that follows these instructions) and state under oath in the presence of the Notary Public that you are who you say you are and that you are in the United States lawfully. Then sign your name.**
- 7. Make certain that the Notary Public signs and dates the affidavit and puts when the notary commission expires.**
- 8. Make a copy of the affidavit and the identification that you presented to the Notary Public for your own records.**
- 9. Attach the ORIGINAL SIGNED AFFIDAVIT and a copy of the identification you presented to your application for licensure. DO NOT SEND US YOUR AFFIDAVIT SEPARATELY. IT MUST BE INCLUDED IN THE COMPLETE APPLICATION PACKET WHICH YOU MAIL TO US.**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G. A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind/ex.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **license, permit or registration**, as referenced in O.C.G.A. § 50-36-1, from the **Department of Community Health, State of Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____(state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
__ DAY OF _____, 20__

NOTARY PUBLIC
My Commission Expires:



**MAIL ALL STATE CLINICAL LABORATORY
APPLICATIONS TO:**

Department Of Community Health
Healthcare Facility Regulation Division
Diagnostic Services Unit
2 Peachtree Street, N.W.
Suite 31-447
Atlanta, GA 30303-3142

ATTN: STATE LABORATORY PROGRAM

Because faxed copies may not be clear and may distort your information,
we ask that all original paperwork be mailed to the above address.

After we have reviewed your application,
if we request additional documentation, you may fax any additions / changes and or supporting
documents to:

404-657-5442

**PLEASE MAKE CHECKS PAYABLE TO:
Department Of Community Health**

Contact Personnel:

Nancy Spradlin
Program Director
Phone: 404-657-5447
Fax: 404-657-5442