

For Office Use Only
Registration Number: PHT-
Date Received:

**State of Maryland Department of Health
Office of Health Care Quality
Laboratory Licensing
Public Health Testing Application**

A. Instructions

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.

B. Laboratory Information

Laboratory Name:
CLIA Number:
Street Address:
City, State, Zip Code:
Business Phone:
Business Fax:
Business Email:

C. Director Information

Director Name:
Degree:

Certification By American Specialty Board (Name, Date, Number):
State Medical License:
<i>The Public Health Testing Application limits the facility to the performance of rapid HIV and Hepatitis C antibody testing.</i>
Have you contacted and had training from the Center of HIV Prevention and Health Services?: <input type="checkbox"/> Yes <input type="checkbox"/> No
In which proficiency testing program(s) is the laboratory enrolled?:
D. Attestation
I certify 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.
Signature of Laboratory Director:
Date: