



Medical Test Site (MTS) Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700
hsqafc@doh.wa.gov

Credential Status Change Form

Use this form for address, phone number, fax number, email, or facility name or contact changes to individual credentials. Send the completed change form to the address listed above.

* Complete page two or three if you are changing the director of a categorized or accredited license. Complete page four if you are changing the director of a PPMP license.

Your Information			
MTS Name			
Effective date of change			
MTS License #	Clinical Laboratory Improvement Amendments (CLIA) #		
Type of Change to MTS Listed Above			
Address Change (current address) <input type="checkbox"/> Mailing <input type="checkbox"/> Physical <input type="checkbox"/> Both			
New Address			
City	State	Zip Code	
New phone (enter 10 digit #)	New fax (enter 10 digit #)		
Facility Name change (new name of MTS)			
Change of accrediting organization (AO) - Send proof of enrollment with new AO			
Name of new laboratory contact	Email address		
Name of new microbiology contact	Email address		
Name of new cytology contact	Email address		
Name of new laboratory director*	Washington License #	Email address	
Testing Personnel – Include total # of personnel performing test by the appropriate category			
<input type="checkbox"/> MT/MLS _____	<input type="checkbox"/> Associates degree _____		
<input type="checkbox"/> MLT _____	<input type="checkbox"/> High school graduate _____		
<input type="checkbox"/> Cytotechnologist _____	<input type="checkbox"/> On-the-job training _____		
<input type="checkbox"/> Other _____			

Qualifications of Director for Moderate Complexity Testing

Section 1 - Director: (check only one and submit evidence of credentials and experience)

- 1. Pathologist with state license.
- 2. MD, DO, DPM, with state license and 1 year directing or supervising non-waived testing.
Which laboratory? _____ Dates _____
- 3. MD, DO, DPM, with state license and 20 CMEs in laboratory practice.
Which program? _____ Dates _____
- 4. MD, DO, DPM, with state license and laboratory training during residency equivalent to 20 CMEs.
Which program? _____ Dates _____
- 5. Doctor of Optometry performing testing only within their scope of practice.
- 6. PhD in science and board certification (ABB, ABMM, ABCC, ABMLI).
- 7. PhD in science and 1 year directing or supervising non-waived testing. Complete section 2 below.
Which laboratory? _____ Dates _____
- 8. Master Degree in science, + 1 year laboratory training and/or experience and 1 year laboratory supervisory experience. Complete section 2 below.
- 9. Bachelor Degree in science, + 2 years laboratory training and/or experience and 2 years laboratory supervisory experience. Complete section 2 below.

Section 2 - Clinical Consultant: (check only one)

Complete the following information about the qualifications of your Clinical Consultant for Directors who are not qualified according to 1 through 6 above.

- Pathologist with state license.
- MD, DO, DPM with state license and 1 year directing or supervising non-waived testing; or 20 CMEs in laboratory practice; or laboratory training during residency equivalent to 20 CMEs.
- PhD in science and board certification (ABB, ABMM, ABCC, ABMLI).

Signature of Director:

I certify that the information included on this form is accurate:

Signature of the Medical Test Site Director

Date (mm/dd/yyyy)

Qualifications of Director for High Complexity Testing

Section 1 - Director: (check only one and submit evidence of credentials and experience)

- 1. Pathologist with state license.
- 2. MD, DO, DPM, with state license and 1 year laboratory training in medical residency.
Which program? _____ Dates _____
- 3. MD, DO, DPM, with state license and 2 years directing or supervising high complexity testing.
Which laboratory? _____ Dates _____
- 4. PhD in science and board certification by an HHS approved board (ABB, ABMM, ABCC, ABMLI).
- 5. PhD in science and before 2/24/2003, served or serving as director of a high complexity testing laboratory and have 2 years laboratory training and/or experience and 2 years directing or supervising high-complexity testing. Complete section 2 below.
Which laboratory? _____ Dates _____
- 6. For subspecialty of oral pathology, be certified by the American Board of Oral Pathology, American Board of Pathology, or American Osteopathic Board of Pathology or equivalent.

Section 2 - Clinical Consultant: (check only one)

Complete the following information about the qualifications of your Clinical Consultant for Directors who are not qualified according to 1 through 4 or 6 above.

- Pathologist with state license.
- MD, DO, DPM with state license and 1 year laboratory training in medical residency or 2 years directing or supervising high complexity testing.
- PhD in science and board certification by an HHS approved board (ABB, ABMM, ABCC, ABMLI).
- For subspecialty of oral pathology, be certified by the American Board of Oral Pathology, American Board of Pathology, or American Osteopathic Board of Pathology or equivalent.

Signature of Director

I certify that the information included on this form is accurate:

Signature of the Medical Test Site Director

Date (mm/dd/yyyy)

Qualifications of Director for PPMP Testing

MD, DO, DPM, ARNP, nurse midwife, PA, or dentist.

Signature of Director

I certify that the information included on this form is accurate:

Signature of the Medical Test Site Director

Date (mm/dd/yyyy)