



Washington State Department of

Health

Medical Test Site (MTS) Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

[hsqafc@doh.wa.gov](mailto: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 pages two and three **only** if you are changing the director of a categorized or accredited 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)		
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*	License #	Email address

\* **Do not** complete pages two and three unless you are changing the director of a categorized or accredited license.

# Qualifications of Personnel for Moderate Complexity Testing

## Director: (check only one)

- 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. PhD in science and board certification (ABB, ABMM, ABCC, ABMLI).
- 6. PhD in science and 1 year directing or supervising non-waived testing.  
Which laboratory? \_\_\_\_\_ Dates \_\_\_\_\_
- 7. Master Degree in science, + 1 year laboratory training and/or experience and 1 year laboratory supervisory experience.
- 8. Bachelor Degree in science, + 2 years laboratory training and/or experience and 2 years laboratory supervisory experience.

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

## Clinical Consultant: (check only one)

- Pathologist with state license.
- MD, DO, DPM with state license.
- 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 Personnel for High Complexity Testing

## Director: (check only one)

- 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 (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.  
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.

Complete the following information about the qualifications of your Clinical Consultant for Directors who are not qualified according to 1,2, or 3 above.

## Clinical Consultant: (check only one)

- MD, DO, DPM with state license.
- PhD in science and board certification (ABB, ABMM, ABCC, ABMLI).
- DDS certified in oral pathology (ABOP, ABP, AOBP).

## 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, midwife, PA, naturopath, 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)