

Clinical Laboratory Check List:

~ Initial

___ Application

___ Application fee of \$200.00 (nonrefundable fee payable to “CNMI Treasurer”)

___ Current list of technical staff working in the clinical laboratory

~ Renewal

___ Application

___ Renewal fee of \$300.00 (check payable to CNMI Treasurer)

___ Current list of technical staff working in the clinical laboratory

-Schedule of Fees

Application fee	\$200
Initial license fee	\$300
Renewal fee	\$300
Delinquent fee (double the license fee for renewal)	\$300
Replacement/Duplication of license	\$75
Replacement/Duplication of wallet size card	\$25
Letter of Good Standing/Verification fee	\$25



Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD
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APPLICATION FOR LICENSURE OF CLINICAL LABORATORY

Initial	Renewal
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(Please complete all applicable parts of this application.)

HCPLB STAFF USE ONLY				
Date Received:				
Name of Laboratory:			Telephone No.:	
Address:				
<input type="checkbox"/> Individual	<input type="checkbox"/> Ownership or Control	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> State
Other (specify):				
Name(s) of Owner(s):				

CLINICAL LABORATORY SPECIALTIES OR SUBSPECIALTIES FOR WHICH YOU SEEK LICENSE

MICROBIOLOGY	CHEMISTRY	IMMUNOHEMATOLOGY	SEROLOGY
Bacteriology	Routine	Blood Banking	Syphilis
Parasitology	Urinalysis	Blood Group & Rh Type	Other
Mycology	Other		
Other			

SEROLOGY	HEMATOLOGY	RADIOBIOASSY	PATHOLOGY
Syphilis			Histopathology
Other			Cytology

IS AN ON-SITE INSPECTION OF THIS FACILITY PERFORMED BY ANOTHER ACCREDITING AGENCY?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF SO, STATE:		

CLINICAL LABORATORY DIRECTOR:

Name:	CNMI License No.:	Hours/Week spent at laboratory:
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Do you also serve as Director for laboratories at other locations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, give name(s) and address of other laboratories:

ASSOCIATE DIRECTOR(S) OR CO-DIRECTOR(S):

Name:	CNMI License No.:	Hours/Week spent at laboratory:
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NUMBER OF CLINICAL LABORATORY PERSONNEL:

Supervisors	Technologists	Specialists	Cytotechnologists	Technicians

I hereby certify that the above statements and answers are true. I am aware that any misstatements of material facts may cause rejection of my application and subsequent revocation of the license.

_____ Director

_____ Date