



Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD

P.O. Box 502078, Bldg., 1242 Pohnpei Court
 Capitol Hill, Saipan, MP 96950
 Tel No: (670) 664-4809 Fax: (670) 664-4814
 Email: cnmi@cnmibpl-hcplb.net
 Website: cnmibpl-hcplb.net



APPLICATION FOR LICENSURE OF CLINICAL LABORATORY

(Please complete all applicable parts of this application.)

HCPLB STAFF USE ONLY					
					Date Received:
Name of Laboratory:			Telephone No.:		
Address:					
Individual	Ownership or Control	Partnership	Corporation	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:
Do you also serve as Director for laboratories at other locations?		Yes <input type="checkbox"/>
		No <input type="checkbox"/>
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:
-------	-------------------	---------------------------------

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