

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 (charged every 1 st of the month after expiration date)	\$25
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

(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:
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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