

STATE OF HAWAII DEPARTMENT OF HEALTH
Office of Health Care Assurance • CLIA Program
 601 Kamokila Blvd. #395 • Kapolei • Hawaii, 96707
 Ph. (808) 692-7420 Fax. (808) 692-7447

APPLICATION FOR CLINICAL LABORATORY PERMIT OR LICENSE

SECTION 1.

Check one: Class I Clinical Lab Permit Class II Clinical Lab Permit Clinical Laboratory License

SECTION 2.

Name of Laboratory:			
Street Address (testing site):	City:	State:	Zip code:
Phone Number:	Fax Number:		

SECTION 3.

Name of Laboratory Director:		
<input type="checkbox"/> Clinical Lab Director	Hawaii Lic #:	Exp Date:
<input type="checkbox"/> Medical Technologist	Hawaii Lic #:	Exp Date:
<input type="checkbox"/> Other:	Hawaii Lic #:	Exp Date:
<input type="checkbox"/> No Hawaii License		

SECTION 4. Clinical Lab Permits Only

If your laboratory director is NOT licensed as a clinical laboratory director or medical technologist, complete this section in addition to section 3.

Name of a Laboratory Consultant:		
<input type="checkbox"/> Clinical Lab Director	Hawaii Lic #:	Exp Date:
<input type="checkbox"/> Medical Technologist	Hawaii Lic #:	Exp Date:

SECTION 5. (If already CLIA certified, attach current copy of CLIA certificate)

Complete the Application for CLIA Certification (CMS-116), Laboratory Personnel form (HCFA-209), Test Menu form, and Disclosure of Ownership and Control Interest Statement (Form 1513), and submit with this application.

SECTION 6.

I hereby certify that the statements and information submitted with this application are true. I am aware that any misstatements of material facts may cause rejection of my application and subsequent revocation of my Class I clinical laboratory permit, Class II clinical laboratory permit, clinical laboratory license, or CLIA certification.

Signature of Lab Director	Date
Print Name of Lab Director	

Renewal of permits or licenses will be due every 2 years. Notification will be sent to the mailing address indicated on the CLIA Application, CMS-116.