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CQ Code:	

Application for Certificate of Qualification

Technical Director

To qualify for a Technical Director Certificate of Qualification (TDCQ), you must meet the requirements in Subpart 58-6 of Title 10 of the New York State (NYS) Codes, Rules, and Regulations (10 NYCRR). You can find these regulations online at www.wadsworth.org/regulatory/clep/laws.

Please submit this application along with:

- A current curriculum vitae (CV).
- A non-refundable \$150.00 application fee. Make checks or money orders payable to the **New York State Department of Health**.
- Additional pages as needed to complete Sections 1 through 5.

1. Personal Information:

Name:			
Last	First	Middle / Initial	
Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)		Other Name(s) Used / Known By	
Home Address:			
Street	City	State	ZIP Code
Phone Number:			
Home / Mobile (with Area Code)		Work (with Area Code)	
Email Address:			
Home		Work	
Previous NYS CQ: If you have previously applied for or held a NYS CQ, please provide your CQ Code.			

2. Education and Training:

- **List all graduate and professional schools** you attended in chronological order, even if you did not graduate.
- **List any training** completed to prepare for examination by a board in section 58-6.4(e) of 10 NYCRR.
- **For residencies and fellowships completed in the last ten (10) years, attach:**
 - Rotation schedules showing the dates and discipline, specialty, or subspecialty of each rotation (including elective and research rotations).
 - Certificates of completion.

Institution Name	Campus Location		Program / Discipline / (Sub)specialty	Attended (Month, Year)		Degree Earned
	City	State		Start	End	
						Degree/Training
						Degree/Training
						Degree/Training
						Degree/Training

3. Board Certification: Only boards listed in section 58-6.4(e) of 10 NYCRR are accepted.

- **List** your qualifying board certifications.
- **Attach** a copy of your current certificates.
- **Provide primary source verification** of current validity if your certificate does not display an expiration date.

Board	Date Certified (Month, Day, Year)
Select Board	
Select Board	
Select Board	
Select Board	

4. Licensure: List your current physician or dentist licenses and registrations in the United States (US) or the country where you intend to act as a technical director. Provide a copy of each.

State / Country	License Number	Date Issued (Month, Day, Year)	Expiration Date (Month, Day, Year)

5. Employment: Please provide your employment history for the last ten (10) years.

- **Include the PFI (for NYS-permitted labs, if applicable) and CLIA number** for each laboratory.
- **Explain any significant employment gaps** on an attached sheet.
- **Attach your current CV**, including publications.
- *Note: To determine the complexity of FDA-approved tests, search the FDA CLIA Test Complexity Database.*

Laboratory Name			NYS PFI	CLIA Number	Name of Laboratory Director / Applicant's Supervisor
Laboratory Address				Laboratory Type (See page six 6)	
Street	City	State	Zip Code		
Applicant Title		Employment Dates (Month, Year)			
		Start		End	
Did the applicant direct / supervise high complexity testing at this facility? (Yes or No)		Dates the applicant directed / supervised high complexity testing at this facility (Month, Year)			
		Start		End	
Applicant's Duties / Responsibilities:					

6. Category(ies): Select each category you are applying for. All applicants must document recent training or experience within the last ten (10) years for each selected category.

- **"Experience"** is defined as two (2) postdoctoral years.
- Complete and attach the questionnaire available at www.wadsworth.org/regulatory/clep/certificate-requirements to document your recent experience in categories marked with an asterisk (*).
- Attach a third-party letter, following the Guidelines on page 6, to document your recent experience in categories *without* an asterisk.

Select	Category	Requirements	
		Physician, License/Registration, and:	Earned Doctoral Degree and:
	Andrology *	ABPath(CP); AOBPath(LM) + 6 months, or Experience	ABB(ALD); ABB(BCLD) + 6 months; ABB(HCLD) + Andrology exam or 6 months; ABCC(CC) + 1 year; NRCC(CC) + 1 year; or Experience
	Bacteriology *	ABPath(CP), AOBPath(LM), ABPath(MMB), or Experience	ABMM; ABB(PHLD); ABB(BCLD); or ABB(HCLD) + Microbiology / Public Health Microbiology / Molecular Diagnostics exam; ASCP(DMLI); or Experience
	Blood Banking Collection – Comprehensive *	Experience with 1 year for allogeneic transfusion	
	Blood Banking – Limited *	ABPath (BB/TM), ABPath(CP), AOBPath(LM), ABIM(Hem), or AOBIM(Hem)	
	Blood Lead	ABCC(CC), ABCC(TC), or Experience	
	Blood pH and Gases	ABPath(CP), AOBPath(LM), ABCC(CC), or Experience	ABCC(CC) or Experience
	Cellular Immunology- Leukocyte Function *	ABMLI; ASCP(DMLI); ABB(BCLD) + 1 year or Diagnostic Immunology and Hematology exam + 6 months flow; ABB(HCLD) + 1 year flow or Hematology exam + 6 months flow; ABCC(CC) + 1 year flow; or Experience	
	Cellular Immunology – Malignant Leukocyte Immunophenotyping *	ABMLI; ASCP(DMLI); ABB(BCLD) + 1 year or Diagnostic Immunology and Hematology exam + 6 months flow; ABB(HCLD) + 1 year flow or Hematology exam + 6 months flow; ABCC(CC) + 1 year flow; or Experience	
	Cellular Immunology – Non-Malignant Leukocyte Immunophenotyping *	ABMLI; ASCP(DMLI); ABB(BCLD) + 1 year or Diagnostic Immunology and Hematology exam + 6 months flow; ABB(HCLD) + 1 year flow or Hematology exam + 6 months flow; ABCC(CC) + 1 year flow; or Experience	
	Clinical Chemistry	ABPath(CP), AOBPath(LM), ABCC(CC), or Experience	ABCC(CC) or Experience
	Clinical Toxicology	ABPath(CP); AOBPath(LM); ABCC(TC); ABCC(CC) + 6 months confirmatory testing; or Experience	ABCC(TC); ABCC(CC) + 6 months confirmatory testing; or Experience
	Cytogenetics	4 years with 2 years in clinical cytogenetics	
	Cytopathology	ABPath(AP) or AOBPath(AP)	
	Diagnostic Immunology *	ABPath(CP), AOBPath(LM), ABPath(MMB), ABCC(CC), ABMLI, ABMM, ASCP(DMLI), or Experience	ABCC(CC), ABMLI, ABMM, ASCP(DMLI), or Experience
	Endocrinology	ABPath(CP), AOBPath(LM), ABCC(CC), or Experience	ABCC(CC) or Experience
	Fetal Defect Markers *	ABPath(CP), AOBPath(LM), ABCC(CC), or Experience	ABCC(CC) or Experience
	Forensic Identity	Experience	
	Forensic Toxicology	ABFT or Experience	
	Genetic Testing *	ABCC(MD); AMBGG(CBG); ABMGG(LGG); or Experience	
	Hematology *	ABPath(CP); AOBPath(LM); ABIM(Hem) + 1 year; AOBIM(Hem) + 1 year; or Experience	Experience
	Histocompatibility	4 years; or Experience + 2 years immunology	
	Histopathology – Dermatopathology	ABPath(AP), ABPath(DP), AOBPath(AP), AOBPath(DP), ABD, or ABD(DP)	
	Histopathology – General (Includes Dermato- and Oral Pathology)	ABPath(AP) or AOBPath(AP)	
	Histopathology – Oral Pathology	ABPath(AP), AOBPath(AP), or dentist with ABOMP	
	Immunohematology	ABPath(CP), ABPath(BB/TM), AOBPath(LM), or Experience	Experience
	Mycobacteriology *	ABPath(CP), AOBPath(LM), ABPath(MMB), or Experience	ABMM; ABB(PHLD); ABB(BCLD); or ABB(HCLD) + Microbiology / Public Health Microbiology / Molecular Diagnostics exam; ASCP(DMLI); or Experience
	Mycology *	ABPath(CP), AOBPath(LM), ABPath(MMB), or Experience	ABMM; ABB(PHLD); ABB(BCLD); or ABB(HCLD) + Microbiology / Public Health Microbiology / Molecular Diagnostics exam; ASCP(DMLI); or Experience
	Oncology – Molecular and Cellular Tumor Markers *	ABPath(AP) + ABPath(MGP); ABPath(CP) + ABPath(MGP); ABCC(MD); ABMGG(LGG); or Experience	ABCC(MD); ABMGG(LGG); or Experience
	Parasitology *	ABPath(CP), AOBPath(LM), ABPath(MMB), or Experience	ABMM; ABB(PHLD); ABB(BCLD); or ABB(HCLD) + Microbiology / Public Health Microbiology / Molecular Diagnostics exam; ASCP(DMLI); or Experience
	Parentage/Identity Testing	Experience	
	Therapeutic Substance Monitoring/Quantitative Toxicology	ABPath(CP), AOBPath(LM), ABCC(CC), ABCC(TC), or Experience	ABCC(CC), ABCC(TC), or Experience
	Trace Elements	Experience with analytical atomic spectrometry	
	Transfusion Services *	ABPath(BB/TM); ABPath(CP) + 6 months; ABIM(Hem) + 6 months; AOBIM(Hem) + 6 months; or Experience	
	Transplant Monitoring	ABCC(MD) or Experience	
	Virology *	ABPath(CP), AOBPath(LM), ABPath(MMB), or Experience	ABMM; ABB(PHLD); ABB(BCLD); or ABB(HCLD) + Microbiology / Public Health Microbiology / Molecular Diagnostics exam; ASCP(DMLI); or Experience

7. Certification:

- A. Administrative Violations:** I have had charges for administrative violations of local, state, or federal laws, rules, or regulations (including but not limited to the Public Health Law or related statutes concerning provision of or reimbursement for health care services) sustained against me, or such charges are currently pending.

☐ Yes ☐ No

If yes, attach a separate page with details.

- B. Criminal Convictions:** I have been convicted of any crime, including, but not limited to offenses related to the furnishing of or billing for clinical laboratory services and medical care, services, or supplies, which is considered an offense involving theft or fraud, or such charges are currently pending.

☐ Yes ☐ No

If yes, attach a separate page with details.

- C. Professional License / Certification Actions:** I have had a professional license or certification related to the practice of medicine, pathology, or laboratory science revoked, suspended, limited, or denied.

☐ Yes ☐ No

If yes, attach a separate page with details.

Applicant's Certification: By signing this application, I certify that all information provided to the Department of Health is true, accurate, and complete. I acknowledge that my Certificate of Qualification may be denied, revoked, suspended, limited, or annulled if any information is misrepresented. I further acknowledge that additional penalties may apply for misrepresentation, concealment, or failure to disclose facts related to my eligibility for a Certificate of Qualification, including criminal convictions related to billing for laboratory services, or omission or misrepresentation on professional license, permit, or registration applications related to the operation of a clinical laboratory, or the concealment of ownership or controlling interest in a clinical laboratory.

I agree to cooperate with any investigation conducted by the Department of Health to verify the information provided in this application or related to this application or any complaint filed with the Department. I agree to provide any requested additional information promptly.

I agree to immediately report any changes to the information in this application to the Clinical Laboratory Evaluation Program at clepcq@health.ny.gov, including changes to my physical or email address.

Signature	Date (Month, Day, Year)

All signatures must be original. An electronic, stamped, or typed signature is not acceptable.

Submit this application, your current CV, and all supporting documents. Include the non-refundable \$150.00 application fee (check or money order payable to the **New York State Department of Health**).

Postal Service:

Clinical Laboratory Evaluation Program
Biggs Lab – Wadsworth Center
NYS Department of Health
Empire State Plaza
Albany, NY 12237

Express Service:

Clinical Laboratory Evaluation Program
Biggs Lab – Wadsworth Center
NYS Department of Health
Dock J – P1, Empire State Plaza
Albany, NY 12237

Guidelines for the Attesting Official: Writing the Training and Experience Letter

Applicant's Name

Use this checklist to ensure the letter you are writing for the applicant named above contains all required information.

Part 1: Your Eligibility as the Attesting Official

Select your role to confirm you are an acceptable third party (applicants cannot self-attest):

- ☐ Primary Supervisor: Laboratory director or direct supervisor.
- ☐ Alternative Supervisor: Administrator or third party to whom the applicant reported (only if primary supervisor is documented as unable to attest).

If the applicant is the laboratory director with no supervisor:

- ☐ Individual Owner: Laboratory owner.
- ☐ Corporate Representative: Officer or governing body member of a corporately owned laboratory.

Part 2: Attesting Official Information

Include these details about yourself in the letter:

- ☐ Name: Your full name.
- ☐ Title & Role: Your professional title and your eligibility role from Part 1.
- ☐ Relationship: How your role qualifies you to personally attest to the applicant's training / experience.

Part 3: Laboratory Information

Provide details of the laboratory where the training / experience was acquired:

- ☐ Laboratory Name: Official name of the facility.
- ☐ Laboratory Type: Examples include health department, hospital, independent, medical research, or university.
- ☐ CLIA Number: Required for all laboratories.
- ☐ PFI: Permanent Facility Identification number (required only for NYS-permitted laboratories).
- ☐ Address: Complete physical address (Street, City, State, and ZIP Code).

Part 4: Tests Performed, Supervised, or Directed by the Applicant

Present all details below in a table or another clear, organized format:

- ☐ Test (Analyte or Procedure): Specific substance measured or process performed (e.g., antibody, coagulation factor, drug, electrolyte, gas, gene, hormone, karyotype, marker, Mohs surgery, pathogen, tissue biopsy, vitamin, WES, WGS).
- ☐ FDA-approved Assay or Laboratory Developed Test (LDT): As described at www.wadsworth.org/regulatory/clep/clinical-labs/obtain-permit/test-approval.
- ☐ Manufacturer & Equipment: Specific manufacturer and precise name or model for each reagent, kit, instrument, or platform used
- ☐ Method: Technique / technology used (e.g., ELISA, FISH, flow cytometry, LC-MS/MS, NGS, PCR).
- ☐ Specimen Source: Anatomical / biological origin of the sample (e.g., buccal swab, nail scraping, peripheral blood, tumor tissue).
- ☐ Dates: Start and end dates of training or experience with the test (month and year required; include day if relevant).
- ☐ Volume: Number of tests performed between specified dates (best approximation if precise figures are unavailable).

Part 5: High-complexity Testing

Detail the applicant's training / experience:

- ☐ Duties and Responsibilities: Describe the applicant's role directing or supervising high-complexity testing, as set forth in section 58-6.5(a) of 10 NYCRR (available at www.wadsworth.org/regulatory/clep/laws). Verify test complexity using the FDA CLIA Database.
- ☐ Dates: Specify the exact timeframe of these duties, including at least the month and year (e.g., "October 2021 to Present").

Part 6: Signature Requirement

Ensure the final letter meets this standard:

- ☐ Original Signature: Must feature an original signature. Typed, stamped, or electronic signatures are not accepted.

Quick Guide to Applying

You can find additional instructions at www.wadsworth.org/regulatory/clep/certificate-requirements.

Note: You must be a *licensed* physician or dentist, or hold an earned doctoral degree in biological, chemical, clinical laboratory, or medical laboratory science, or medical technology to qualify for a Technical Director CQ.

1. Application Form & Fee

- ☐ Sections 1–5 Completed: Complete all sections on pages 1 through 3. Attach additional pages if necessary.
- ☐ Category Selection (Section 6, Page 4): Select each testing category in which you are requesting a CQ.
- ☐ Signed and Dated Section 7 (Page 5): Complete the Certification with an original signature. Typed, stamped, or electronic signatures are not accepted.
- ☐ Non-Refundable \$150.00 Application Fee: Enclose a check or money order payable to the New York State Department of Health.

2. Professional Credentials

- ☐ Curriculum Vitae (CV): Attach your current CV, including a comprehensive list of publications (required for all applications).
- ☐ Professional Licensure (If Applicable): Attach a copy of your current, active physician or dentist license and registration.

3. Education & Degree

- ☐ US Earned Doctoral Degrees: Attach official transcripts from an accredited US institution. Transcripts must document your Doctor of Philosophy, Doctor of Science, or equivalent degree in a relevant chemical, biological, clinical laboratory, or medical laboratory science, or medical technology.
- ☐ Non-US Earned Doctoral Degrees: Attach a credential equivalency evaluation from a current member of the National Association of Credential Evaluation Services (NACES) or the Association of International Credential Evaluators, Inc. (AICE). If submitting your report via EvalDirect, use institutional code 000270 to share it with the Wadsworth Center.

4. Board Certification (If Applicable)

- ☐ Board Certificate: Attach a copy of your current board certificate for each qualifying board selected in Section 3 on page 2.
- ☐ Primary-Source Verification of Active Board Certification: Required if your certificate lacks an expiration date. This letter must:
 - ☐ Be issued directly by your certifying board.
 - ☐ Be dated within your current recertification cycle.
 - ☐ Feature the original signature of an authorized representative. *Typed, stamped, or electronic signatures are not accepted.*
 - ☐ Specify the exam disciplines passed and dates (*required when documenting ABB exams to fulfill a specific category requirement*).

5. Recent Training & Experience (Within 10 Years) You must document recent practical laboratory training or experience within the last ten (10) years for each selected category in Section 6 on page 5.

Documenting Recent Training (Residencies and Fellowships)

- ☐ Certificates of Completion: Attach certificates of completion for your residency or fellowship completed within the past ten (10) years in preparation for examination by an accepted board.
- ☐ Detailed Rotation Schedules: Attach schedules specifying the dates of each rotation (must include month and year; may include the day if relevant) and the specific discipline, specialty, or subspecialty. Generic labels such as "elective" or "research" are insufficient.

Documenting Recent Experience (Questionnaires and Letters)

- ☐ For Categories with Asterisks (Section 6): Attach a completed questionnaire for every selected category marked with an asterisk. Questionnaires are available at www.wadsworth.org/regulatory/clep/certificate-requirements.
- ☐ For Categories without Asterisks (Section 6): Attach a third-party letter that adheres to the Guidelines on page 6.

6. Submission Send your completed application form, fee, and all required supporting documents to the appropriate address on page 5.

List of Abbreviations for Certifying Boards

Abbreviation	Board
ABB(BCLD)	American Board of Bioanalysis: Bioanalyst Clinical Laboratory Director
ABB(HCLD)	American Board of Bioanalysis: High-complexity Clinical Laboratory Director
ABB(PHLD)	American Board of Bioanalysis: Public Health Laboratory Director
ABB(ALD)	American Board of Bioanalysis: Andrology Laboratory Director
ABCC(CC)	American Board of Clinical Chemistry in Clinical Chemistry
ABCC(TC)	American Board of Clinical Chemistry in Toxicological Chemistry
ABCC(MD)	American Board of Clinical Chemistry in Molecular Diagnostics
ABD	American Board of Dermatology in Dermatology
ABD(DP)	American Board of Dermatology in Dermatopathology
ABFT	American Board of Forensic Toxicology
ABIM(Hem)	American Board of Internal Medicine in Hematology
ABOMP	American Board of Oral and Maxillofacial Pathology
ABMGG(CBG)	American Board of Medical Genetics and Genomics in Clinical Biochemical Genetics
ABMGG(LGG)	American Board of Medical Genetics and Genomics in Laboratory Genetics and Genomics
ABMLI	American Board of Medical Laboratory Immunology
ABMM	American Board of Medical Microbiology
ABPath(AP)	American Board of Pathology in Anatomic Pathology
ABPath(BB/TM)	American Board of Pathology in Blood Banking and Transfusion Medicine
ABPath(CP)	American Board of Pathology in Clinical Pathology
ABPath(DP)	American Board of Pathology in Dermatopathology
ABPath(MGP)	American Board of Pathology in Molecular Genetic Pathology
ABPath(MMB)	American Board of Pathology in Medical Microbiology
AOBIM(Hem)	American Osteopathic Board of Internal Medicine in Hematology
AOBPath(AP)	American Osteopathic Board of Pathology in Anatomic Pathology
AOBPath(LM)	American Osteopathic Board of Pathology in Clinical Pathology/Laboratory Medicine
AOBPath(DP)	American Osteopathic Board of Pathology in Dermatopathology
ASCP(DMLI)	American Society for Clinical Pathology Board of Certification: Diplomate in Medical Laboratory Immunology
NRCC(CC)	National Registry of Certified Chemists: Clinical Chemist
NRCC(TC)	National Registry of Certified Chemists: Toxicological Chemist