

Name of Organization / Operator: _____

RE: NGHA Check-off List

Prior to returning your application and support documentation, make sure all these items are included. (if all items are not included, your application will be returned):

□ Application (check only if all items in subset are completed)

- \Box Application
- □ Any Applicable "Assessment Program" (Application Part 2) Requests (optional)
- Certificates and Licensure (check only if all items in subset are completed)
 - CLIA Certificate Current
 - Clinical Laboratory Scientist Current License
 - □ Physician's Current Medical License
 - \Box Certificates / Licenses for Staff Performing Fingersticks*
 - □ Instrument Training Certificates on Staff
- **Quality Control and Quality Assurance** (check only if all items in subset are completed)
 - □ Quality Control and Quality Assurance Plans
 - □ Blank Quality Control Logs
 - □ Sample Quality Control Logs
- Plans and Manuals (check only if all items in subset are completed)
 - □ Instrument Procedure Manual for Each Analyte
 - □ Biohazard/Medical Waste Disposal Plan
 - □ Emergency Medical Plan
 - Patient Education & Referral Information Sheets
- □ Miscellaneous and Fees (check only if all items in subset are completed)
 - □ Registration Fee of \$ _____
 - \Box Other:

*Stanislaus County Public Health can only accept licenses / certificates for persons authorized by their scopes of practice, such as MD, CLB, CLS, PA, RN, LVN, and several others (not MA, CNA, PCP or nursing/medical students) as proof of individual's ability to perform finger sticks.

PO Box 3271 Modesto, CA 95353 209-558-8804

WE BUILD COMMUNITY

WWW.SCHSA.ORG