## **Accreditation Program Application Request Form**

For laboratories/facilities seeking accreditation for multiple accreditation programs and/or laboratory sites, Clinical Laboratory Improvement Amendments (CLIA) numbers, satellite, clinic, or special-function laboratories, please reproduce this form and submit a separate *Application Request Form* and fee for each laboratory/facility or each accreditation program.

$\bigcirc$ L	Laboratory Accreditation Program (General - LAP)													Laboratories interested in the CAP15189 Accreditation Program must complete LAP accreditation first. For information about preparing for CAP15189 Program contact CAP15189@cap.org.																					
$\bigcirc$ F	Forensic Drug Testing Accreditation Program (FDT)  Biorepository Accreditation Program (BAP)  CAP Number														Patient Testing																				
															Has patient testing started  Yes  No  If "No" provide anticipated start date																				
CAP																																			
CLI	LIA Number														Month Day Year																				
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																	Is the laboratory requesting this application enrolled in CAP Proficiency																		
Who	ho currently accredits or certifies your laboratory?															Testing Program(s)?  ○ Yes ○ No ○ N/A (for BAP only)  International not subject to US (CLIA) regulations**																			
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	at is the accredition end date															for at least 6 months? (Do not continue with this request if "No" was answered. Contact the CAP for assistance.)																			
L	Month Day Year														○ Yes ○ No																				
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## **Payment Information**

A nonrefundable application fee of \$1300 (domestic\*) and \$1600 (international\*\*) is required per laboratory/facility to initiate the application process. The application fee may be waived if CAP accreditation checklists have been purchased within the past six months.

If you are applying for multiple accreditation programs and/or multiple CLIA numbers, satellites, clinics, or special-functions laboratories, please submit a separate Application Request Form and fee for each program or site being accredited.

Total Payment	S .											
Payment Options (choose one):												
○ Check	Check Number											
○ Credit Card	Credit Card  To pay with a credit card using this form, please contact the CAP directly at 800-323-4040 ext.  Or for international customers, 847-832-7000, ext 1.											
O Wire Transfer	Include Institution Name and state; "Accreditation Application fee" when remitting payment. Please include all bank fees with your payment. Notify the CAP at arcap@cap.org upon completion of the transfer.											
	Remit wire transfer payment to: BMO Harris Bank 320 S. Canal Street Chicago, IL 60606, USA Phone: 312-475-3200											
	ABA Number: 071000288 Account Number: 2237337 SWIFT#:HATRUS44											
Accreditation Ch	necklist has been purchased											
	Order#											

## Submit this Form by one of these methods:

If payment method is credit card or wire transfer, email form to Customer Data Management (CDM) at:

Email: cdm@cap.org

If you are submitting your payment by check please mail the form and check to:

College of American Pathologists 325 Waukegan Road Northfield, IL 60093-2750

For more information, please call the CAP at 1-800-323-4040, option 1 (domestic), or 847-832-7000 (Country code 001), option 1 for international.



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