

COUNTY OF SAN DIEGO

Public Health Laboratory
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LIVE WELL SAN DIEGO

Phone: (858) 325-6400 Fax: (858) 268-4102

Non-Diagnostic General Health Assessment Program Application Checklist

Each organization or operator will need to verify each item on this list prior to returning an application and supporting documentation.

	□ Application	
		NDGHA Operator Registration Form
	Certific	ates and Licensure
		CLIA Certificate of Waiver
		Clinical and Public Health Laboratory Registration License
		Clinical Laboratory Scientist License
		Physician Medical License
		Licenses for Staff
		Certificate of Competency for Instrument and Fingerstick Training for Staff
□ Plans and Procedures		
		Policy and Procedures Manual including instrument procedure for each analyte
		Signed acknowledgement and approval of written Policy and Procedures Manual
		Emergency Medical Plan
		Patient education and referral information sheets
	Quality	Control and Quality Assurance
		Quality Control and Quality Assurance Plans
		Blank Quality Control and Quality Assurance logs
	☐ Miscellaneous and Fees	
		Copy of agreement with medical waste disposal company, Small Quantity Medical
		Generator registration (UPFP), or copy of an agreement with a medical waste mail-back
		program
		Registration Fee (please refer to fee schedule for the current fiscal year)
		Mail check to:
		County of San Diego
		Health & Human Services Agency
		Financial & Support Services Division
		PO Box 122028
		San Diego, CA 92112-2028
		Attn: Tarasalina Almazan MS W/A03