Laboratory Attestation Form
Respecting CLIA Certificates and Proficiency Testing

On behalf of the organization named above,

I hereby attest that, in consultation with the responsible laboratory director(s), a thorough review and assessment of all CLIA Certificates has been completed, and each laboratory, as appropriate, is enrolled with a Centers for Medicare and Medicaid Services (CMS) approved Proficiency Testing provider and participates in a Proficiency Testing program that meets regulatory requirements set forth under the Clinical Laboratory Improvement Act with respect to the variety and frequency of testing for the period January 1, 20XX to December 31, 20XX.

I further attest that, should my organization acquire a new CLIA Number and/or perform regulated testing not previously covered by this document, my organization will enroll and participate with a Centers for Medicare and Medicaid Services (CMS) approved Proficiency Testing provider for the next scheduled proficiency testing event.

Furthermore, I agree to notify the Joint Commission in writing with information regarding the new CLIA Number and/or the regulated testing not previously covered by this document, and the name of the approved Proficiency Testing provider selected, within 30 days after acquiring a new CLIA Number and/or initiating regulated testing.

Primary Contact or CEO: _____

Title: _____

Phone Number: _____

Please print this page prior to submission for your organization records.