

SPONSORING ORGANIZATION

National Laboratory Training Network



A training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).

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Continuing Education

Continuing education credit will be offered, based on 2 contact hours of instruction.

ALSO AVAILABLE

The New Needlestick Safety and Prevention Act - A Self-Study Program

Call the NLTN office at 312-793-3306 for more information.

Visit the National Laboratory Training Network Web site at www.nltn.org.
View additional information about other continuing education programs and the NLTN free Lending Library of educational materials.



Questions?

Contact: National Laboratory Training Network
Chicago Office
Phone: 312-793-3306
Fax: 312-793-3304
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The Final CLIA Regulations: Is your laboratory compliant?

A Self-Study Program

Sponsored by

National Laboratory
Training Network

and

AudioNet International, LLC

In cooperation with
University of Wisconsin

PROGRAM DESCRIPTION

The new Clinical Laboratory Improvement Amendments (CLIA) regulations became effective April 24, 2003. These final regulations were published by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) on January 24, 2003. This program highlights the changes that were implemented in the Final CLIA regulations, how these regulations effect your laboratory and what to expect during your next laboratory survey. This is a rebroadcast of the program held on October 22, 2003.

WHO SHOULD ATTEND

This program is appropriate for healthcare providers, including laboratory personnel, nurses, physicians, physician office managers, and administrators.

SPEAKERS

Rhonda Whalen, M.S., MT(ASCP) Chief, Laboratory Practice Standards Branch, Division of Laboratory Systems, Public Health Practice Program Office, **Centers for Disease Control and Prevention (CDC)**

Judy Yost, M.A., MT(ASCP), Director, Division of Laboratory Services, Survey and Certification Group, **Centers for Medicare and Medicaid Services (CMS)**

OBJECTIVES

At the conclusion of this workshop, participants will be able to:

- ◆ Define the new terminology used in the final CLIA regulations.
- ◆ Discuss the changes in quality control requirements for tests performed.
- ◆ Review the impact of the final CLIA regulations as they pertain to the laboratory.
- ◆ Outline surveyor procedures for compliance assessment of the final CLIA regulations.

AGENDA

This **two**-hour program will address and explain the changes made to the final CLIA regulations, introduce the surveyor guidelines and discuss what to expect during a laboratory survey. The program is a rebroadcast of the one held on October 22, 2003.

The program is a Self-Study AudioNet program. It can be utilized at **anytime**. Once registered, a participant will receive the access information needed to participant in the program.

What is an AudioNet Program?

AudioNet is a distance learning session transmitted through a combination of audio-conference technology and the Internet. The presenter's voice is heard over the telephone, as in a traditional audioconference. The visuals, such as presentation slides and manual materials, are shown on a specially designed web site that is compatible with most computers and modems. You do not need special computer equipment, programs or setup procedures.

What equipment is required in the room?

A telephone connection with speaker phone and a computer with Internet access are the basic requirements.

REGISTRATION

Registration Fee: \$35.00 per person

HOW TO REGISTER (MW3305)

- ◆ Complete the accompanying registration form.
- ◆ Make a **\$35.00** check payable to **APHL** (Association of Public Health Laboratories), or complete the credit card authorization form. **Registration cannot be accepted without payment.**
- ◆ Register by mail or fax as follows:

Mail completed registration form and payment (either check or credit card) to:

NLTN
2121 W. Taylor Street
Chicago, IL 60612
Attn: Registration

Or, **fax** completed registration form and credit card payment information to:
312-793-3304

- ◆ A confirmation letter with access information will be sent once payment and registration have been received.

Questions?

Please call 312-793-3306.

In compliance with the Americans with Disabilities Act (ADA), individuals requiring special accommodations must notify the National Laboratory Training Network - Chicago Office at 312-793-3306.

National Laboratory Training Network Registration Form

From Approved
OMB No. 0920-0017
Exp. Date 06/30/06

(Please type or print.)

Training Event Title: The Final CLIA Regulations: Is your laboratory compliant? – A Self-Study Program		
Event Code: MW3305	Date: Self-Study Program	Location: AudioNet
Applicant Information		
(Dr./Mr./Miss./Ms./Mrs.) First Name: _____ M.I. _____ Last Name: _____		
Employer's Name: _____		Position Title: _____
Mailing Address: (Please specify, Employer's or your Home address?) _____		
City _____	State/Country _____	Zip/Postal Code _____
Work Phone Number: _____	Work Fax Number: _____	
E-mail Address: (E-mail future training event notifications? Please circle, YES or NO.) _____		
Signature of Applicant: _____		Date: _____

(Please review all options in the three categories before circling the one most appropriate in each category.)

Occupation

Physician 01
 Veterinarian 02
 Laboratorian 04
 Nursing Professional 05
 Sanitarian 06
 Administrator 08
 Safety Professional 11
 Educator 13
 Epidemiologist 14
 Environmental Scientist 15
 Other _____ 12

Type of Employer

Health Department (State or Territorial) 01
 Health Department (Local, City or County) 03
 Government (Other Local, not City or County) 04
 Centers for Disease Control and Prevention 05
 U.S. Food and Drug Administration 09
 U.S. Department of Defense 11
 Veterans Administration Medical Center/Hospital 12
 Other (Federal Employer) _____ 15
 Foreign _____ 16
 College or University 19
 Private Industry 21
 Private Clinical Laboratory 23
 Physician's Office Laboratory/Group Practice 24
 Hospital (Private Community) 17
 Hospital (Other) 33
 State Funded Hospital 25
 City or County Funded Hospital 26
 Health Maintenance Organization 28
 Non-profit 31
 Unemployed or Retired 32
 Other _____ 30

Education Level (Highest Completed)

Degree
 Associate 04
 Bachelor 05
 Masters 06
 Doctoral (M.D.) 07
 Doctoral (Other than M.D.) 08
 Technical/Hospital School 09
 Some College 03
 High School Graduate 02
 Some High School 01
 Other _____ 10

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ASTDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017). CDC32.1 (Rev. 6/17/2003)

REGISTRATION FEE: \$ 35.00

- Enclosed is a check or money order payable to APHL (Association of Public Health Laboratories).
 Bill my credit card. Visa MasterCard American Express

Card Holder's Name	Card Number
Address	Expiration Date
City, State, Zip	Amount of Payment
Signature	Date

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National Laboratory Training Network, Attn: Registration
 2121 West Taylor St, Chicago, IL 60612

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