

# Applying for CLIA Waiver

---

## Directions

---

### Step 1

- **Fill out the CMS CLIA CERTIFICATION APPLICATION (attachment 'School CLIA Application')**
  - Read the 'CLIA Quick Start Guide' for initial instructions
  - View the '**Sample Application Guide**'

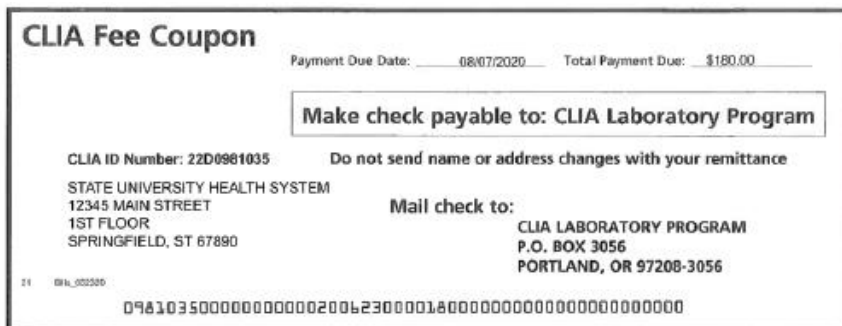
### Step 2

- **Send completed form to:**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
Healthcare Facility Regulation Division  
Diagnostic Services Unit  
2 Peachtree Street, N.W.  
Suite 31-447  
Atlanta, GA 30303-3142  
PH (404) 657-5700 / FAX: (404) 463-4398  
Email: [hfrd.diagnostic@dch.ga.gov](mailto:hfrd.diagnostic@dch.ga.gov)

### Step 3

- **Receive Fee Coupon/Invoice**



The image shows a CLIA Fee Coupon form. At the top, it says "CLIA Fee Coupon". To the right, it indicates "Payment Due Date: 08/07/2020" and "Total Payment Due: \$180.00". A central box contains the instruction "Make check payable to: CLIA Laboratory Program". Below this, it provides the CLIA ID Number: 22D0981035 and a warning: "Do not send name or address changes with your remittance". The sender's address is listed as "STATE UNIVERSITY HEALTH SYSTEM, 12345 MAIN STREET, 1ST FLOOR, SPRINGFIELD, ST 67890". The recipient's address is "CLIA LABORATORY PROGRAM, P.O. BOX 3056, PORTLAND, OR 97208-3056". At the bottom, there is a 10-digit CLIA ID number: 0981035000000000020062300001800000000000000000000.

- **Receive 10- digit CLIA Id number**
  - *Send a copy of CLIA Id number to ESE Telehealth*

### Step 4

- **Pay Applicably Fees online** at <https://www.pay.gov/public/home>  
**OR**
- **Send Check and include the provider number**

### Step 5

- **Receive Certificate**
  - *Send Copy to ESE Telehealth*