

**Minnesota Department of Health
Environmental Laboratory Accreditation Program**

**Assessment Organization
Application and Instructions**

This application is valid for organizations that are requesting approval by the Minnesota Department of Health for the purpose of performing environmental laboratory assessments for accreditation.

Applicant organizations must complete the following forms when making an application for Approved Assessment Organization registration with the Minnesota Department of Health.

- Registration Application for Approved Assessment Organization
- Signed Affidavit
- Organization's procedure for handling complaints
- Certificate of Compliance Minnesota Worker's Compensation Law.
- Certificate of Compliance Department of Revenue Information.
- Minnesota Department of Health Data Security Checklist (supplied separately)
- Other (please specify):

The applicant **shall not** alter the content or format of the forms other than through entry of the required information in the spaces provided. If additional space is required for the response, the applicant must attach separate documents with appropriate page numbering and identification. Where attachments are necessary, the applicant must indicate on the form the unique identifier for the attachment where the reviewer may find the required information.

Entries on the forms must be typed using either Times New Roman or Arial type font and 11-point or greater font size.

Submitting the Application

The application must be submitted in pdf by electronic mail. Please separate the application material into three pdfs and name as follows:

- Registration Application (i.e. pages 4 -6 of this application packet) named as
 - OrganizationnameAPPL
 - (e.g. ABCIncAPPL)
- Confidential Information (i.e. Certificate of Compliance Minnesota Worker's Compensation Law, Certificate of Compliance Department of Revenue Information, and Minnesota Department of Health Data Security Checklist) named as
 - OrganizationnameCONF
 - (e.g. ABCIncCONF)

- Handling Complaints SOP
 - OrganizationnameSOP
 - (e.g. ABCIncSOP)

Applicants shall submit the completed application packet to:

Lynn Boysen, MNELAP Program Manager
lynn.boysen@state.mn.us

The applicant must assure he/she submits the application in the proper format and time indicated on the MNELAP Webpage. Late applications may not be considered in this round of approved assessors. Materials submitted become the property of the State of Minnesota.

No fees are required with this application.

The registration year is Jan 1 through Dec 31. Renewal of approval is contingent upon conformance with the conditions of application and approval by the Department.

Review and Approval

The MNELAP staff will conduct the Phase I review of all applications. Staff reviews applications for completeness as well as verification of the Worker's Compensation, Department of Revenue release form, and the MDH Data Security acknowledgement. Questions regarding this information will be forwarded to the applicant for resolution.

After the preliminary review, the three forms listed above will be removed from the application packet and reserved confidential in the MNELAP offices. Remaining pages and all attachments to the application will be supplied to the members of the selection committee for review. Organizations with applications acceptable in Phase I will be considered "applicants" for Phase II.

The selection committee will recommend approval of all applicants with confirmed, acceptable qualifications. The selection committee will review the list of assessors supplied by the applicant and make recommendations for removal of any individual if the individual is determined noncompliant with the conditions for approval listed below. The selection committee will prepare a review summary for MNELAP of the organization's application and will provide a list of recommended changes to the assessor lists, if needed. MNELAP will approve the application and relay changes, if required, to the applicant.

MNELAP will publish on the program's webpage the list of approved assessment organizations, their affiliation with any of the approved assessors and the assessor's associated qualifications for technical disciplines.

Conditions of approval

Applicant information must be updated annually upon notification by the Department or within thirty days of the date the change is effective. The Department shall rescind approval for an assessor or assessment organization for sufficient cause as the Department determines, such as:

1. failure to meet the minimum qualifications for performing assessments;
 2. lack of availability;
 3. nonconformance with the applicable laws, rules, standards, policies and procedures;
 4. misrepresentation of application information regarding qualifications and training; or
 5. excessive cost to perform the assessment activities.
- Please contact Lynn Boysen at lynn.boysen@state.mn.us or (218-332-5164) if you have questions about the application process.

Registration Application Approved Assessment Organization

In connection with your request for registration as an approved assessment organization, the Minnesota Department of Health has asked that you provide information about yourself and/or your company which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the Department is required to inform you of the following:

The Department will use information provided on an application to determine if you meet the requirements for approval. Specifically, we are requesting your name, address, and phone number so that we may contact you for further information. We are requesting details regarding your subcontractors and your procedures so that we may determine your explicit conformance to TNI Standard EL-V2M1-2009 and EL-V2M3-2009 and/or Chapter III, Sections 4.1 and 4.2 of the United States Environmental Protection Agency's (EPA) Manual for the Certification of Laboratories Analyzing Drinking Water, Fifth Edition.

<http://water.epa.gov/scitech/drinkingwater/labcert/index.cfm#two>

You are not legally required to provide any of the requested information. However, without this information, we will not be able to contact you regarding additional information that may be needed to process your application, and we may reject your application if the information is not sufficient to determine your conformance to the requirements cited above. Your company name, the primary contact's name, address, phone number will be published on the MDH website as public information. All other information you provide which might identify you is legally classified as confidential data on individuals and can only be released to:

- Minnesota Department of Health Environmental Laboratory Accreditation Program's selection committee members (as established in Minn. Statutes 144.98 for the purpose of reviewing your qualifications);
- Minnesota Department of Health employees, who need it to process your application;
- Minnesota Department of Health representatives in the Attorney General's Office;
- Staff of the Office of Administrative Hearings or the courts; and
- Anyone having a court order to obtain the information.

Submitting false information is grounds for denying your application, rescinding your approval, or taking legal action regarding work you have performed as a consequence of your approval by the commissioner.

Assessment Organization Information	
Name of Assessment Organization	Primary Contact (Name and Title)
Business Telephone No.	Primary Contact Telephone Number
Website address:	
Physical Address (Number and Street, City, State, Zip)	Primary Contact Email Address
Affiliations/Parent Organization	Availability/Geographical Areas (foreign and domestic)

List all approved or, for initial applicants, proposed assessors or employees with whom your organization has a formal arrangement to perform assessment activities conforming to the 2003 NELAC Standard and/or the 2009 TNI Standard for accreditation of environmental laboratories. List only those assessors intended for use in performing MNELAP-required assessments. Please attach additional sheets if necessary. Applicant organizations should confirm each listed assessor has completed the MNELAP Assessor Application form to demonstrate technical competence and quality management experience.

Proposed Assessor List			
Assessor's Full Name	Description of Role (e.g. lead assessor, associate assessor, technical expert)	Individual appears on the MNELAP-published approved assessor list	Assessor application pending review
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>

The Minnesota Department of Health complies with the 2003 NELAC Standard and the 2009 TNI Standard for assessment of environmental laboratories. By submitting this application, the assessment organization agrees to require its approved assessors to supply assessment reports to MNELAP within seven (7) days of the date of the onsite visit. The assessor will submit a report of findings through the Environmental Laboratory Data-Online (ELDO) system, a secure web-based portal used by MNELAP staff and laboratories for all accreditation information.

Copies of the written procedures for MNELAP and any updates to procedures for assessment will be made available to approved organizations and the list of approved assessors.

Affidavit

STATE OF _____ County of _____

I, _____, hereby certify that the statements regarding the assessment organization qualification, systems, approved assessor list, and supporting documentation provided on the application are just, true, and correct to the best of my knowledge. I understand that application forms and additionally supplied application documentation and materials are considered public data.

I, by signing this statement, acknowledge I have received a copy of the Tennessee Warnings contained within this application and have read and understood the contents.

I acknowledge that I have declared any current or former relationships, associations, or investments that may influence or appear to influence my judgment, discretion, or impartiality with laboratories applying to or accredited by the program. If a conflict of interest is confirmed, I will not knowingly access records of these laboratories for personal gain and will again declare the conflict of interest to the Department if I am assigned duties where a conflict may be perceived to affect my judgment.

I agree to comply with the laws, rules, policies and procedures of the State of Minnesota and the Minnesota Department of Health related to assessment of environmental laboratories and protection of the data obtained while preparing, performing or supervising the assessment activities.

Applicant Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

[Notary stamp]

Notary Public Signature

Certificate of Compliance Minnesota Worker's Compensation Law

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage, or the permit to self-insure. This information will be collected by the Department and retained in the files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Please supply the following information and return along with your application:

Type of License: Registered Assessment Organization	
Insurance Company Name (NOT the Agency):	
Policy Number:	Dates of Coverage:

OR

I am not required to have worker's compensation liability coverage because:

- I have no employees
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the worker's compensation law (these include: spouse, parents, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.	
Name	
Name of Business	
Business Address (Street Address, Suite #)	City/State/ZIP
	Business Phone
Signature	Date

Certificate of Compliance Minnesota Department of Revenue Information

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant (person signing the application).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- Upon receiving this information, the Department will supply it to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- Failure to supply this information may jeopardize or delay the processing of your application.

Please supply the following information and return along with your application:

Personal Information:	
Applicant's Name	
Applicant's Address (Number and Street)	City/State/ZIP
Social Security Number	Phone Number
Business Information:	
Business Name	
Business Address	City/State/ZIP
Minnesota Tax ID#	Federal Tax ID#

If a Minnesota Tax ID number is not required, please explain:

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Applicant Signature: _____ Date: _____

**Application Evaluation by MNELAP and Selection Committee
(This section for use by MNELAP and Selection Committee members ONLY)**

MNELAP Preliminary Evaluation			
Requirement	Yes	No	Comment
Application received according to date/time required			Date/Time:
Application in pdf format and named correctly			
Application signed and notarized			
Organization's complaint procedure received			
Worker's Compensation verified			
Dept of Revenue verified			
Data Security Checklist complete			
Forward to Selection Committee			Date:

Selection Committee Evaluation			
Requirement	Yes	No	Supporting Documentation
<i>Assessor List:</i> Assessor list completed and verified according to received assessor applications.			
Assessors listed on multiple organizational applications			
<i>Complaints:</i> Complaint handling procedure is clearly documented			
<i>Reviewer Comments:</i>			