

	Department of Pathology Staff Certification	Dept:	Pathology
		Effective Date:	Mar 2015
		Revised Date:	6/3/2019
		Contact:	Lab Compliance, Quality and Safety
Name & Title: Greg Pomper, MD, CLIA Lab Director		Date:	6/4/19
Signature: <i>Greg Pomper</i>			

1) General Procedure Statement

- a. **Scope:** To ensure consistency and fairness in hiring and retention of certified employees.

It is the responsibility of the employee to maintain appropriate certification requirements commensurate with their job classification.

- b. **Responsible Department/Party/Parties:**
- i. Procedure owner: Department of Pathology
 - ii. Procedure: Department of Pathology
 - iii. Supervision: Department of Pathology Section Managers, Associate Directors, Administrative Director and CLIA Lab Director
 - iv. Implementation: Department of Pathology Chairman and Department of Pathology Administrative Director and CLIA Lab Director

2) Definitions: None

3) Procedure:

- a. Job descriptions for MT (including Blood Bank), MLT (including Blood Bank), Histotechs and Phlebotomists will denote tiered classifications with non-certified and certified categories.
- b. There will be a salary difference between the classifications.
- c. Anyone hired into a certified category who is in the process of obtaining certification will be hired as non-certified and promoted when certification is acquired.
- d. Anyone who fails to maintain certification will be given 30 days grace after which time they will be moved to a non-certified position. When/if certification is acquired they will be reinstated into a certified position.
- e. It is the responsibility of the employee to maintain certification.

- f. Section Managers are responsible for monitoring and notifying employees of upcoming expiration dates.
- g. The Lab Administration secretary will maintain a tracking spread sheet on the shared web site which will show certification expiration dates.
- h. The Manager, Regulations/QA will track lack of certification and notify managers.
- i. Non-certified MLT's in their current MLT position as of April 1, 2015 will have one year to certify before being moved to the non-certified category.

4) Review/Revision/Implementation

- a) Review Cycle: This policy shall be reviewed by the Department of Pathology at least every 2 years from the effective date unless otherwise stated by regulation.
- b) Office of Record: The Department of Laboratory Pathology shall house this policy within their document control system.

5) Related Policies:

Department of Pathology Continuing Education Policy

6) Governing Law or Regulations:

CLIA Standards 42CFR493.1250 and 42CFR493.1256(d)

7) Attachments: N/A

8) Revision Dates:

Review Date	Revision Date	Signature
	6/3/2019 by MH formatting changes	