

Environmental Laboratory Assessor Instructions and Application

ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM

This application is valid for persons who are requesting approval by the Minnesota Department of Health for performing environmental laboratory assessments for accreditation per MN Statutes 144.98.

Applicants must complete the following forms when making an application for Approved Assessor registration with the Minnesota Department of Health.

- Registration Application for Approved Environmental Laboratory Assessor;
- Applicant Vitae;
- Signed Affidavit;
- Certificate of Compliance Minnesota Worker's Compensation Law;
- Certificate of Compliance Department of Revenue Information;
- Data Practices Checklist for Contractors (supplied separately);
- Code of Conduct (ELAP-F-07) (supplied separately);
- Other (Please attach materials): optional

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.

MNELAP will protect all confidential information per MN Statute Chapter 13 Government Data Practices.

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 named as:
 - LastnameFirstnameAPPL
 - (SmithJohnAPPL)
- Confidential Information (i.e., Certificate of Compliance Minnesota Worker's Compensation Law, Certificate of Compliance Department of Revenue Information, and Data Practices Checklist for Contractors) named as:
 - LastnameFirstnameCONF
 - (SmithJohnCONF)
- Supporting Documentation (e.g., certificates, diplomas, transcripts, vitae) named as:
 - LastnameFirstnameDOCS
 - (SmithJohnDOCS)

The applicant must submit the application in the proper format. Materials submitted become the property of the State of Minnesota.

Applicants shall submit the completed application packet to the MN Environmental Laboratory Accreditation Program, health.mnelap@state.mn.us.

No fees are required with this application

Approval is contingent upon conformance with the conditions of application and approval by the Minnesota Department of Health.

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 required forms: Worker's Compensation, Department of Revenue release, Data Practices Checklist for Contractors, and the code of conduct. MNELAP will forward all questions regarding this information to the applicant for resolution.

After the preliminary review, the MNELAP Coordinator and MNELAP staff, as needed will perform a detailed application review with recommendations to approve or deny the application. The MNELAP Coordinator will send the application and recommendation to the MNELAP Manager for final decision. MNELAP will notify the applicant of the decision and other requirements by email within 90 days of receipt of a complete application.

MNELAP will publish approved assessors on the program's webpage with their associated qualifications for technical disciplines.

Conditions of approval

Applicant information must be updated annually or upon notification by the Department or within thirty days of the date the change is effective. The Department shall rescind approval for an assessor 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, standard, policies, and procedures;
4. nonperformance of a MNELAP assessment for one year;
5. misrepresentation of application information regarding qualifications and training; or
6. excessive cost to perform the assessment activities.

Registration Application

Approved Environmental Laboratory Assessor

In connection with your request for registration as an approved environmental laboratory assessor, the Minnesota Department of Health (MDH) has asked that you provide information about yourself, 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 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 education and experience (including relevant employment) so that we may determine your explicit conformance to the 2016 EL-V2-2016-Rev 2.0, [EPA Manual for the Certification of Laboratories Analyzing Drinking Water, Fifth Edition \(PDF\)](#), Section 4.1 and 4.2, [Supplement 1 to the Fifth Edition of the Manual for the Certification of Laboratories Analyzing Drinking Water \(PDF\)](#), and [Minnesota Statute 144.98, Subd. 12](#). 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 MNELAP may need 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. MNELAP will publish your name, address, phone number, and areas of verified expertise on the MDH website as public information. All other information you provide which might identify yourself is legally classified as confidential data on individuals and can only be released to:

- 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.

Applicant Information

Applicant Name (Last, First, MI) _____

Email Address _____ Phone Number _____

Business Address (Number/Street, Suite#) _____

City/State _____ ZIP _____

Applicant Qualifications

Education

Bachelors, Major

Masters, Major

Doctoral, Major

Other (e.g., foreign universities, non-accredited colleges, or universities)

List _____

Highest Degree conferred _____ Year _____

Name of College/University _____

- **Attach proof of education (e.g., diploma, transcripts)**

Basic Assessor and, if applicable, the most recent Refresher Assessor courses, please provide course name, date, and instructor/provider.

Basic Assessor

Course Name _____

Course Date(s) _____

Course Instructor _____

Refresher Assessor

Course Name _____

Course Date(s) _____

Course Instructor _____

Additional experience or certifications you wish to have considered (as relevant to assessment activities or scientific study):

- **Attach proof of successful completion (e.g., certificate)**

Demonstrated Technical Competencies and Matrices

Drinking Water** (Please check all that apply)

Inorganic Chemistry (non-metals)
Metals
Organic Chemistry
Radiochemistry
Microbiology
Asbestos
Cryptosporidium
Other _____

Non-Potable Water (Please check all that apply)

Inorganic Chemistry (non-metals)
Metals
Organic Chemistry
Radiochemistry
Microbiology
Whole Effluent Toxicity
Asbestos
Cryptosporidium
Other _____

Hazardous Waste/Solids (Please check all that apply)

Inorganic Chemistry (non-metals)
Metals
Organic Chemistry
Radiochemistry
Microbiology
Asbestos
Other _____

Air & Emissions (Please check all that apply)

Inorganic Chemistry (non-metals)
Metals
Organic Chemistry
Radiochemistry
Other _____

Biological Tissue (Please check all that apply)

Inorganic Chemistry (non-metals)
Metals
Organic Chemistry
Other _____

** Must have successfully completed the appropriate EPA Safe Drinking Water laboratory certification course for the technical competencies selected and provide a copy of the EPA Certificate.

- **Attach proof of technical training (e.g., certificate, or other written acknowledgment of successful completion)**

Experience in Management Systems/Quality Systems

- Environmental CAB Assessment Experience

Qualification requires one (1) observed onsite if you are an experienced assessor or two (2) observed onsite assessments if you have no prior assessment experience.

Please provide in an Excel or Word Table the following:

1. date of the assessment(s).
 2. the standard or regulation followed.
 3. the technical areas assessed by you.
 4. the name and contact information of the supervising qualified assessor(s) observing your assessment(s).
- **Attach the supervising qualified assessor(s) written conclusion of your abilities as an assessor.**
 - **Attach vitae detailing laboratory, quality/management system, assessment education and experience or any additional documentation that may assist in determining your eligibility.**

By submitting this application, assessors agree to supply assessment reports and all supporting documentation in PDF format via email 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.

Minnesota Department of Health
Environmental Laboratory Accreditation
Program (MNELAP)
651-201-5324
health.mnelap@state.mn.us
www.health.state.mn.us

Third Party Assessor Application
Revised: March 16, 2021
Effective date: March 2021

To obtain this information in a different format, call: 651-201-5324.

Affidavit

State of _____ County of _____

I, _____, hereby certify that the statements of education, experience, and supporting documentation provided for my application are just, true, and correct to the best of my knowledge.

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 judgement, 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 judgement.

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 and performing the assessment activities.

Applicant Signature _____ Date _____

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

[Notary stamp]

Notary Public Signature

Minnesota Worker's Compensation Law

CERTIFICATE OF COMPLIANCE

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 Environmental Laboratory Assessor**

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 always kept in effect as required by law.

Name _____

Name of Business _____

Business Address (Number/Street, Suite#) _____

City/State _____ ZIP _____

Business Phone _____

Applicant Signature _____ Date _____

Minnesota Department of Revenue Information

CERTIFICATE OF COMPLIANCE

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/Street, Suite#) _____

City/State _____ ZIP _____

Social Security Number _____ Phone Number _____

Business Information

Business Name _____

Business Address (Number/Street, Suite#) _____

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 they have read and understood the contents of this notice and has received a copy of this notice.

Applicant Signature _____ Date _____

Application Evaluation by MNELAP

(This section for use by MNELAP)

MNELAP Preliminary Evaluation

Application in pdf format and named correctly

Yes No (Comment) _____

Application signed and notarized

Yes No (Comment) _____

Applicant vitae received

Yes No (Comment) _____

Worker's Compensation verified

Yes No (Comment) _____

Dept of Revenue verified

Yes No (Comment) _____

Data Security Checklist complete

Yes No (Comment) _____

Code of Conduct (ELAP-F-07) complete

Yes No (Comment) _____

Date _____

MNELAP Final Evaluation

Education

Bachelor's degree in a scientific discipline, or equivalent experience relevant to specialized laboratory testing

Yes No

(Supporting Documentation/
Comment) _____

Training

Basic Assessor course completed and passed exam (>70% score)

Yes No

(Supporting Documentation/
Comment) _____

If applicable, Refresher completed within one year of basic training course or last refresher course

Yes No

(Supporting Documentation/

Comment) _____

Qualified in all technical disciplines selected

Yes No

(Supporting Documentation/

Comment) _____

Experience

At least one NELAP assessment conducted with qualified assessor (or two assessments if no prior assessment experience)

Yes No

(Supporting Documentation/

Comment) _____

Review by qualified assessor

The qualified assessor must document their conclusion to the ability of the applicant to perform unsupervised onsite assessments

Yes No

(Supporting Documentation/

Comment) _____

References

Reference(s) contacted, and applicant received satisfactory review

Yes No

(Supporting Documentation/

Comment) _____

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