Background

The American Association for Laboratory Accreditation (A2LA) has been accrediting laboratories since 1978. To assist in the development of new programs, A2LA will offer Pilot Programs on an as-needed basis. For information on available Pilot Programs in your facility’s area of work, please refer to the Pilot Program informational page on the A2LA website (http://www.a2la.org/appsweb/pilot.cfm).

Please Note: Pilot Programs are offered on an as-needed basis to a limited number of participants. Completion of this form and submission to A2LA does not guarantee that you will be selected as a Pilot Program participant.

Preface - Before You Begin

Please obtain and review the relevant Pilot Program Informational Memorandum related to the field of work you are pursuing. This document will outline the requirements of the program, required application documents, and application deadlines.

For copies of Pilot Program Memorandum(s), please refer to the Pilot Program informational page on the A2LA website (http://www.a2la.org/appsweb/pilot.cfm).

Part I. Application Information

A. Authorized Representative’s Name

Authorized Representative’s Title

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

B. Organization Legal Name (as it will appear on your Certificate / Scope of Accreditation and on the A2LA website)

C. Organization Address (Number and Street, City, State and Zip Code)
Part II. Conditions for Participation in an A2LA Pilot Program

To participate in an A2LA Pilot Program, an applicant must agree to:

1) Allow A2LA Assessors to perform the on-site assessment with A2LA staff oversight;
2) Have their assessments within 120 days of acceptance into the Pilot Program;
3) Pay such fees as shall be determined by A2LA and the relevant A2LA Pilot Program;
4) Complete and return A2LA document F231 - Pilot Program Post Assessment Questionnaire upon request from A2LA.

In order to apply, the applicant’s AUTHORIZED REPRESENTATIVE and the AUTHORIZED DEPUTY REPRESENTATIVE must agree to the above conditions for participation and must attest that all statements made on the application are correct to the best of his/her knowledge and belief. An applicant organization’s AUTHORIZED REPRESENTATIVE and AUTHORIZED DEPUTY REPRESENTATIVE is an official who represents the organization in all matters related to participation in the Pilot Program. This official is A2LA’s primary point of contact with the organization. An applicant organization’s Authorized Representative shall be in a position of authority to ensure that the organization complies with the A2LA criteria. Furthermore, this representative is responsible for ensuring that all of the relevant conditions for participation are maintained.

As the applicant organization's Authorized Representative, I agree to the above conditions for participation. I attest that all statements made on this application are correct to the best of my knowledge and belief.

_________________________________ ____________________________       ______________
AUTHORIZED REP. NAME (PRINTED) AUTHORIZED REP. SIGNATURE      DATE

As the applicant organization's Authorized Deputy Representative, I agree to the above conditions for participation. I attest that all statements made on this application are correct to the best of my knowledge and belief.

_________________________________ _____________________________     ______________
AUTHORIZED DEPUTY NAME (PRINTED)    AUTHORIZED DEPUTY SIGNATURE   DATE

Part III. FEE SCHEDULE

Fees associated with a particular Pilot Program may be found on the Pilot Program informational page on the A2LA website (http://www.a2la.org/appsweb/pilot.cfm).

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1 The applicant organization may refuse a proposed assessor due to a known conflict of interest between the organization and the assessor; however, such refusals must be made in writing and include a description of the conflict.
Part IV. Mailing/Emailing Instructions

If mailing, please return the entire application along with all supporting documentation requested in the Application for Accreditation identified in the relevant Pilot Program Informational Memorandum related to the field of work you are pursuing to:

American Association for Laboratory Accreditation
5301 Buckeystown Pike, Suite 350, Frederick, MD 21704

If emailing, please submit to: applications@A2LA.org

Please direct all questions regarding this application to our office at 301 644 3248.

END OF APPLICATION

Document Revision History

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