

New York State Department Of Health  
Clinical Laboratory Evaluation Program  
Wadsworth Center  
Empire State Plaza, P.O. Box 509  
Albany, NY 12201-0509  
(518) 485-5378  
E-mail clep@health.state.ny.us  
www.wadsworth.org/labcert

## NOTIFICATION OF CHANGE IN CYTOTECHNOLOGIST REGISTRATION STATUS

### INSTRUCTIONS

#### CHANGES IN REGISTRATION STATUS:

For any **CHANGES** in registration status (i.e., a change in name, home address, or employer), please indicate your name, social security number and NYS registration number in SECTION I (page 2) and complete the appropriate areas of SECTION II (page 2) and/or SECTION III (page 3) and sign the form (page 3).

#### GENERAL INFORMATION:

- \* This form must be completed and filed within one week of your employment start date or change in registration status. This completed form must be submitted to the Clinical Laboratory Evaluation Program at the address shown above.
- \* Social Security numbers are required under Section 5 of the New York State Tax Law, Chapter 295 of the Laws of 1987. Failure to provide this information will not delay your registration; however, this Department is required to report your refusal to the Department of Taxation and Finance.
- \* If making changes to your employment status, please be sure to include your employer's Permanent Facility Identifier (PFI). If you work at a laboratory that does not currently hold a New York State Clinical Laboratory permit, please write "NONE" in this area.
- \* A SEPARATE FORM MUST BE SUBMITTED FOR EACH EMPLOYER.

#### NOTE:

- \* ALWAYS INCLUDE YOUR SOCIAL SECURITY NUMBER ON ALL CORRESPONDENCE.
- \* Please keep these instructions and a copy of the completed application for your records.
- \* Additional forms may be obtained by contacting the Clinical Laboratory Evaluation Program office at (518) 485-5378 or accessing them on our website, www.wadsworth.org/labcert

#### **Please NOTE:**

**All signatures must be original. SIGNATURE STAMPS WILL NOT BE ACCEPTED.**

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FOR OFFICE USE ONLY
Received _____
Entered _____
NYS Registration No. _____

**NOTIFICATION OF CHANGE IN CYTOTECHNOLOGIST REGISTRATION**

**I request that change(s) be made to the following information: (PLEASE CHECK ALL THAT APPLY)**

NAME CHANGE	ADDRESS CHANGE	ADD AN EMPLOYER	DELETE AN EMPLOYER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION I - GENERAL INFORMATION**

NYS REGISTRATION #	SOCIAL SECURITY # (Required under NYS Tax Law - See Instructions)
<input type="text"/>	<input type="text"/>

NAME

<input type="text"/>
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**SECTION II - NAME OR ADDRESS CHANGE**

FORMER NAME

<input type="text"/>
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NEW NAME

<input type="text"/>
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FORMER STREET ADDRESS

<input type="text"/>
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FORMER CITY

<input type="text"/>
----------------------

FORMER STATE	FORMER ZIP CODE
<input type="text"/>	<input type="text"/>

NEW STREET ADDRESS

<input type="text"/>
----------------------

NEW CITY

<input type="text"/>
----------------------

NEW STATE	NEW ZIP CODE
<input type="text"/>	<input type="text"/>

