

Disclosure of Ownership and Controlling Interest Statement

Telephone: (518) 485-5378 Fax: (518) 485-5414
 E-mail: CLEPCERT@health.state.ny.us
 Web: www.wadsworth.org/labcert/clep/clep.html

Part I – Identifying information (Please print or type)

PFI			
Name of Facility			
Address			
City	State	Zip	Telephone

Part II – Ownership Information (Please print or type)

A. List names, addresses and social security numbers for individual owners, partners, corporation officers, and/or shareholders possessing 5 percent or more of the voting shares in the entity having direct or indirect ownership or controlling interest in the applying clinical facility. (See instructions for definition of ownership and controlling interest). Names and addresses may be listed on a separate sheet and attached to this statement. For laboratories owned/operated by not-for-profit corporations, please provide a list of the Board of Directors.

Name	
Address	
City, St, Zip	Social Security Number

Name	
Address	
City, St, Zip	Social Security Number

Name	
Address	
City, St, Zip	Social Security Number

Name	
Address	
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Part II – Ownership Information (continued)

- B. Ownership Type:
- | | |
|------------------------|----------------------------|
| Partnership | Government |
| Individual | Other (specify) |
| For-Profit Corporation | Not-for-Profit Corporation |

C. If owner name is not the same as the laboratory name, indicate owner name and address.

D. Do any of the owners of the applying facility have direct or indirect ownership or controlling interest in any other clinical laboratories licensed by New York State?

Yes No

If yes, provide the information requested below for each individual on a separate sheet and attach to this form.

Owner Name	Other Facility Name & Address
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Part III - Declaration

Answer the following questions by checking the appropriate "Yes" or "No" box.

A. Have the director, any assistant director(s), or those having a direct or indirect ownership or controlling interest in the laboratory or blood bank had charges sustained of administrative violations of local, state or federal laws, rules and regulations, including, but not limited to, the Public Health Law or related statutes, concerning the provision of health care services or reimbursement for such services against them? Are such charges currently pending?

Yes No

If yes, list name and address of individuals on a separate sheet and attach to this form.

B. Have the director, any assistant director(s), or those having a direct or indirect ownership or controlling interest in the laboratory or blood bank ever been convicted of any crime, including, but not limited to any offense related to furnishing of or billing for clinical laboratory services and medical care, services or supplies, or which is considered an offense involving theft or fraud? Are such charges currently pending?

Yes No

If yes, list name and address of individuals on a separate sheet and attach to this form.

C. Are any individuals, with direct or indirect ownership or controlling interest in the applicant laboratory or blood bank, licensed health professionals, authorized by law to order clinical laboratory tests and receive results?

Yes No

If yes, list name and address of individuals on a separate sheet and attach to this form.

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Part III – Declaration (continued)

D. Is this facility operated by a management company, or leased in whole or part by another organization?

Yes

No

If yes give name and address of management company or licensee.

Part IV -Signature

Providing false or misleading information in this statement may lead to prosecution under applicable federal or state laws, and may result in denial of the New York State Clinical Laboratory Permit application.

Name of Authorized Representative (please type or print)

Title

Signature

Date

Contact Phone Number _____ Email Address _____