

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

INSTRUCTIONS

I. GENERAL

Completion and submission of this statement to provide full and accurate disclosure of ownership and financial interests in the clinical facility is required by Section 58-1.1 of Title 10, New York Code of Rules and Regulations. Failure to do so may result in the denial of a permit to a laboratory or blood bank. **Note: The completion of this statement does not eliminate the responsibility of the applicant to report all changes in ownership in the applying facility directly to the New York State Department of Health, Office of Medicaid Management, at One Commerce Plaza, Albany, NY 12260.**

II. COMPLETION OF STATEMENT

Definitions

Direct ownership interest means the possession of stock, equity in the capital, or any interest in the profits of the applying clinical facility.

Indirect ownership interest means the possession of stock, equity in the capital, or any interest in the profits of an entity with a direct or indirect ownership interest in the applying clinical facility.

Controlling interest means the ability to direct or control the operation or management of the applying clinical facility.

Management company means any organization that operates and manages a business on behalf of the owner, with the owner retaining ultimate legal responsibility for the operation of the business.

Statement Information

Part I - Identifying Information – Provide name, address, telephone number, and if the laboratory has a permit, the laboratory PFI and Code numbers of the facility.

Part II – List the names of all individual and organizations having direct, indirect, or controlling interest of five (5) percent or greater in the laboratory or blood bank. For facilities owned/operated by not-for profit corporations, please provide a list of the Board of Directors.

Part III – Respond to questions A-D.

Part IV – This form must be signed by the owner or an authorized representative (corporate officer or designee). Please provide a contact telephone number and email address, if applicable, for the individual signing this form.