

NEW YORK STATE DEPARTMENT OF
HEALTH
Clinical Laboratory Evaluation Program
Wadsworth Center
Empire State Plaza
Albany, NY 12237

Certificate of Qualification Questionnaire

Diagnostic Immunology
Page 2

E-mail: CLEPCQ@health.ny.org
Web: www.wadsworth.org/regulatory/clep

Describe your responsibilities with respect to serology testing:

The applicant and supervisor/director must print and sign their names below to attest that the testing above was performed by and/or under direct supervision by the applicant.

Print applicant name	Applicant signature	Date
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Print supervisor/director name	Supervisor/director signature	Date
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Supervisor/director's relationship to applicant (e.g. direct supervisor) and how this allows attestation of the applicant's training and/or experience