

New York State Department of Health
 Clinical Laboratory Evaluation Program
 Wadsworth Center
 Empire State Plaza
 P.O. Box 509
 Albany, New York 12201-0509

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"/>

SECTION II - NAME OR ADDRESS CHANGE

FORMER NAME

<input type="text"/>

NEW NAME

<input type="text"/>

FORMER STREET ADDRESS

<input type="text"/>

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"/>

SECTION III – EMPLOYMENT INFORMATION

To **ADD** a laboratory applying for or holding a New York State permit, please provide the facility’s PFI, name, address, your days and hours of employment and your employment status:

LABORATORY PFI	START DATE (MM/DD/YY)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Your working days and hours at this facility:

MON ___to___ TUE ___to___ WED ___to___ THUR ___to___ FRI ___to___ SAT ___to___ SUN ___to___

EMPLOYMENT STATUS FULL-TIME PART-TIME PER DIEM

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME OF FACILITY

ADDRESS

CITY

STATE ZIP CODE

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To **DELETE** a laboratory applying for or holding a New York State permit, please provide the facility’s PFI, name, address, and your last day of employment:

LABORATORY PFI	LASTDATE OF EMPLOYMENT (MM/DD/YY)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

NAME OF FACILITY

ADDRESS

CITY

STATE ZIP CODE

ACKNOWLEDGEMENT: I HAVE RECEIVED AND READ SECTIONS 58-1.12 AND 58-1.13 OF 10 NYCRR AND AM AWARE OF THE REQUIREMENTS OF REGISTRATION. FURTHER, UNDER THE PENALTIES OF PERJURY, I DECLARE AND AFFIRM THAT THE STATEMENTS MADE IN THIS APPLICATION, INCLUDING ACCOMPANYING STATEMENTS AND TRANSCRIPTS, ARE TRUE, COMPLETE AND CORRECT. I FURTHER UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IN, OR IN CONNECTION WITH MY APPLICATION MAY BE CAUSE FOR DENIAL OR REVOCATION OF MY REGISTRATION.