NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center
Clinical Laboratory Evaluation Program
Empire State Plaza, P.O. Box 509
Albany, New York 12201-0509
Telephone: (518) 402-4253 Fax: (518) 449-6902
E-mail: CLEPLtd@health.ny.gov
Web: www.wadsworth.org/regulatory/clep/limited-service-lab-certs

LIMITED SERVICE LABORATORY REGISTRATION
Notification of Change in Laboratory Director

LABORATORY INFORMATION:			
Laboratory PFI Number:			
Laboratory Name:			
Laboratory Address:			
City:		State:	ZIP Code:

FORMER LABORATORY DIRECTOR INFORMATION: Complete this section in its entirety for the FORMER individual providing technical and clinical direction of your laboratory testing.

Effective date *former* directorship ended:

Former Laboratory Director Name:

NEW LABORATORY DIRECTOR INFORMATION: Complete this section in its entirety for the NEW individual providing technical and clinical direction of your laboratory testing.

Effective date of *new* directorship:

First Name:	M.I.	Last Name:

Do you currently hold a New York State Certificate of Qualification (CQ) as a Laboratory Director?

☐ Yes CQ Code: _____ ☐ No

Degree(s) and License(s) Held (Include Copy of Current New York State Professional License):

☐ M.D. ☐ D.O. ☐ D.D.S. ☐ Ph.D. ☐ D.Sc. ☐ O.D. ☐ NP ☐ PA ☐ CNM

New York State Professional License Number (6 digit): _____

Indicate whether the Laboratory Director is employed at the laboratory on a full-time or part-time basis (Select One):
Director Status: ☐ Full-Time ☐ Part-Time

CERTIFICATION: By signing this form, I hereby certify that the information given is true and correct. I attest that I have reviewed a copy of the most current Limited Service Laboratory Registration application on file with the Department for this laboratory, and will comply with the requirements of Section 579 of the Public Health Law. I also assume responsibility for any laboratory testing performed at secondary testing sites covered under this CLIA Number and Limited Service Laboratory Registration. **NOTE: All signatures must be original. *SIGNATURE STAMPS WILL NOT BE ACCEPTED.***

Date	Signature, Laboratory Director	Name, Laboratory Director (Print)
Date	Signature, Owner/Representative	Name, Owner/Representative (Print)