

Disclosure of Ownership and Controlling Interest Statement

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 E-mail: CLEP@health.ny.gov
 Web: www.wadsworth.org/labcert/clep/clep.html

Part I – Identifying information of the laboratory

PFI number (if known)			
Name of Facility			
Address			
City	State	Zip	Telephone ()

Part II – Direct Ownership Information

A. Ownership Type:

<input type="checkbox"/> Partnership	<input type="checkbox"/> Government
<input type="checkbox"/> Individual	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> For-Profit Corporation	
<input type="checkbox"/> Not-for-Profit Corporation	

B. **On a separate sheet**, list names, addresses and social security numbers (or EIN) for individual owners, partners, corporation officers, and/or shareholders possessing 5 percent or more of the voting shares of each entity having an ownership interest in the applying clinical facility. The names of the individuals on the Board of Directors must be included for any such entities that are not-for-profit corporations. Any ownership arrangements resulting in an individual having an aggregate ownership interest of five (5) percent or more must be reported, even if any specific element of such aggregate ownership is less than five (5) percent.

C. If owner name is not the same as the laboratory name, indicate owner name(s) and address(es). Attach additional pages as needed.

D. Does the direct owner(s) 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

Part III – Indirect Ownership Information

A. **On a separate sheet**, list names, addresses and social security numbers (or EIN) for individual owners, partners, corporation officers, and/or shareholders possessing 5 percent or more of the voting shares in any entity having direct ownership or controlling interest in the applying clinical facility. The names of the individuals on the Board of Directors should be included for any entities that are not-for-profit corporations. Any ownership arrangements resulting in an individual having an aggregate ownership interest of five (5) percent or more must be reported, even if any specific element of such aggregate ownership is less than five (5) percent.

B. Does the indirect owner(s) 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

Part IV – Declaration

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

A. Has the director, any assistant director(s), or those having a direct or indirect ownership or controlling interest in the applying clinical facility 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 statues, 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 and a description of the charges on a separate sheet and attach to this form.

B. Has the director, any assistant director(s), or those having a direct or indirect ownership or controlling interest in the applying clinical facility 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 and a description of the conviction(s) on a separate sheet and attach to this form.

C. Are any individuals, with direct or indirect ownership or controlling interest in the applying clinical facility, 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.

D. Is the applying clinical 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 V -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, or any other permit or license issued by the Department.

Name of Authorized Representative (please type or print)

Title

Signature

Date

Contact Phone Number _____

Contact Fax Number _____

Email Address _____