

New York State Department Of Health  
Clinical Laboratory Evaluation Program  
Wadsworth Center  
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## NOTIFICATION OF CHANGE IN CYTOTECHNOLOGIST REGISTRATION STATUS

### INSTRUCTIONS

#### CHANGES IN REGISTRATION STATUS:

For any **CHANGES** in registration status (i.e., a change in name, home address, or employer), please indicate your name, cytotechnologist registration number and NYS registration number in SECTION I (page 2) and complete the appropriate areas of SECTION II (page 2) and/or SECTION III (page 3) and sign the form (page 3).

#### GENERAL INFORMATION:

- \* This form must be completed and filed within one week of your employment start date or change in registration status. This completed form must be submitted to the Clinical Laboratory Evaluation Program via Fax or email.
- \* Social Security numbers are required under Section 5 of the New York State Tax Law, Chapter 295 of the Laws of 1987. Failure to provide this information will not delay your registration; however, this Department is required to report your refusal to the Department of Taxation and Finance.
- \* If making changes to your employment status, please be sure to include your employer's Permanent Facility Identifier (PFI). If you work at a laboratory that does not currently hold a New York State Clinical Laboratory permit, please write "NONE" in this area.
- \* A SEPARATE FORM MUST BE SUBMITTED FOR EACH EMPLOYER.

#### NOTE:

- \* ALWAYS INCLUDE YOUR SOCIAL SECURITY NUMBER ON ALL CORRESPONDENCE.
- \* Please keep these instructions and a copy of the completed application for your records.
- \* Additional forms may be obtained from our website, [www.wadsworth.org/regulatory/clep](http://www.wadsworth.org/regulatory/clep).