

Director Qualification Appraisal Form

Complete this form for applicants seeking to direct a non-waived laboratory in compliance with 42 CFR 493.1357, 1405, 1443. Complete all sections to qualify.

General Information

Print Applicant Name _____
Laboratory Name _____
Laboratory Director Phone: _____ Email: _____
Directorship Type ☐ High Complexity ☐ Moderate Complexity ☐ PPMP
CLIA lab number ☐ New Lab CLIA # Pending Lab has a current CLIA #: _____

CLIA laboratories applicant currently directs:

Lab CLIA #

Education credentials

Name and location of school attended	Year of degree	Program Title	Degree or Credential

Licenses/Boards

Licensure/Certification	Year	Name of Granting Agency	Registration Number

Required: Include a copy of applicant's diploma and boards when submitting this form

Clinical Laboratory Experience

Name of laboratory and State	Position	From – To (month & year)	Microbiology	Hematology	Chemistry	Pathology	Other	Specify

Signature required-Applicant certifies that all statements in this form are true, accurate and correct

Applicant Signature: _____

Date: _____

Oregon Health Authority
Regulatory Section-OSPHL
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Hillsboro, OR 97124-7251
Phone: 503-693-4125
Email: LC.info@odhsoha.oregon.gov
Web: www.healthoregon.org/lcqa

FOR STATE USE ONLY By: _____ Date: _____

☐ General: 42 CFR 493 _____

☐ PPMP (42 CFR 493.1357)

Does not qualify: _____