

## 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 & Oregon Administrative Rule 333-024-0012. 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: \_\_\_\_\_

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 Laboratory Compliance Section  
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FOR STATE USE ONLY    By: _____ Date: _____ <input type="checkbox"/> General: 42 CFR 493 _____ <input type="checkbox"/> PPMP (42 CFR 493.1357) Does not qualify: _____
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