

## 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<br>(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  
 Laboratory Compliance Section  
 7202 NE Evergreen Parkway, Ste 100  
 Hillsboro, OR 97124-7251  
 Phone: 503-693-4125  
 Email: [lc.info@odhsoha.oregon.gov](mailto:lc.info@odhsoha.oregon.gov)  
 Web: [www.healthoregon.org/lcqa](http://www.healthoregon.org/lcqa)



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