

# Director Qualification Appraisal

*For directing Moderate High complexity laboratories, and Provider Performed Microscopy Procedure (PPMP) laboratories, in compliance with 42 CFR 493.1357, 1405, 1443 & Oregon Administrative Rule 333-024-0012.*

## General Information

**Applicant's Name:** (Print) \_\_\_\_\_  
**Laboratory Name:** \_\_\_\_\_  
**Phone and Fax:** \_\_\_\_\_  
**Directorship Type:**       High Complexity                       Moderate Complexity                       PPMP  
**CLIA lab info**                      New CLIA lab?  yes     no                      If no, laboratory CLIA # \_\_\_\_\_

<i>Other CLIA labs currently directed:</i>	<i>Lab CLIA #</i>

## Schools Attended and Degrees Received (or attach your CV)

Name and location	From	To	Program Title	Degree or Credential

## Board Certifications, Licenses, Registrations, or board eligibility:

Licensure/Certification	Year	Name of Granting Agency	Registration Number

## Clinical laboratory experience (list current or most recent first):

(Please attach additional pages as needed)  Name and Address of laboratory	Title/Position	From – To (month & year)	Microbiology	Hematology	Chemistry	Pathology	Specify Other

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW** To qualify, Director must attach copies of diplomas and licenses to completed application

Oregon State Public Health Division  
**Laboratory Compliance Section**  
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[www.healthoregon.org/li](http://www.healthoregon.org/li)

FOR STATE USE ONLY	
<i>Applicant qualifies under:</i>	
<input type="checkbox"/> General: 42 CFR 493 _____	
<input type="checkbox"/> PPMP (42 CFR 493.1357)	
<i>Does not qualify:</i> _____	
Approver: _____	Date: _____