

Director Qualification Appraisal – Health Screen Testing Laboratory

For directing State of Oregon Health Screen Testing (HST) Permit laboratories, in compliance with Oregon Administrative Rule 333-024-0390.

General Information (Please print)

Applicant's Name: _____
 Laboratory Name: _____
 Phone and Fax: _____
 CLIA lab info: _____
 Are you also applying for a new CLIA lab? yes no
 If no, list current CLIA # _____
 Other HST labs _____
 Directed: _____

Schools Attended and Degrees Received (or attach your CV)

Name and location	From	To	Program Title	Degree or Credential

Clinical laboratory experience (list current or most recent first)

(Please attach additional pages as needed)

Laboratory name, city and state where located	Title/Position	From – To (month & year)	Microbiology	Hematology	Chemistry	Pathology	Specify Other

Add information pertinent to your education, laboratory training, employment etc., not included above

Indicate instruments used & your knowledge of quality control, instrument maintenance and QA practices. Use additional sheet if needed.

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

Applicant Signature: _____ Date: _____



Oregon State Public Health Division
Laboratory Compliance Section
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 Portland, OR 97207
 Phone: 503-693-4125
 Fax: 503-693-5602 TTY: 971-673-0372
www.healthoregon.org/li

<p>FOR STATE USE ONLY</p> <p><i>Applicant qualifies under:</i></p> <p><input type="checkbox"/> Health Screen Testing Director OAR 333-024-0390(1) a b c d e</p> <p><input type="checkbox"/> Does not qualify – reason:</p> <p>_____</p> <p>_____ By: _____</p> <p>Date: _____</p> <p style="text-align: right;">Shared/LC Files/DirectorAppraisal-HST Lab.doc</p>
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