~- <u>5</u> nutur v	Date			
Email Address Person Requesting Change (Please Pr				
Note: Lab director changes for CLIA				
this form. (For additional options you m Option 1 (Moderate Complexity Lab) MD/DO/DPM 1 Option 2 (Mod/Comp/Lab) MD/DO/DPM IIlinois med Option 3 (Mod/Comp/Lab) MD/DO/DPM IIL medical 1 Option 4 (Mod/Comp/Lab) MD/DO/DPM IIL medical 1 Option 5 (Mod/Comp/Lab) Master's degree in chemical, Option 6 (Mod/Comp/Lab) Master's degree in lab scie Option 6 (Mod/Comp/Lab) Bachelor's degree in lab scie Option 7 (Mod/Comp/Lab) On or before February 28, Option 1 (High Complexity Lab) MD/DO/DPM III medical Option 2 (High Comp/Lab)MD/DO/DPM IIL Medical Option 3 (High Comp/Lab) Doctoral degree in chemical	aay call our office). Illinois medical license AND board certification in lical license AND proof of one year lab training ex- license AND 20 CME credit hours related to lab di physical, biological or clinical lab science with bo- nce AND proof of one year of lab training and ex- cience AND proof of two years of lab training and 1992, qualified under state law to direct a lab in th bis medical license AND board certification in ana License AND proof of one year laboratory training al, physical, biological or clinical lab science with bo	anatomical or clinical pathology sperience directing or supervising a rectors practice or equivalent 20 Cl ard certification OR doctoral degre perience supervising a CLIA certifi l experience supervising a CLIA certific e state in which the laboratory is lo tomical or clinical pathology g during medical residency, or 2 ye current board certification by an a	CLIA moderate or high complexity la MEs for lab practice during medical re- se and one year experience dir/sup a m ed moderate or high complexity labora rtified moderate or high complexity la ocated ars experience directing/superv a high pproved HHS board	aboratory sidency od comp lab atory boratory comp lab
CLIA-Compliance or Accredited:				
CLIA-Waived (proof of qualification				ctitioner Cert)
If <u>NO</u> , please review the lab director of				
If <u>YES</u> , provide the lab CLIA No.				
Is the proposed new director currently			_	s 🗌 no
New Director's Name Signature Current Director's Name (Print)				
New Director's Name (Print)	Laboratory Direct			
City			ZIP Code	
Mailing Address (if different from addr				
City				
Current Address				
City				
New Address (Print)				
Current Facility Name (Print)				
New Facility Name (Print)				
Select Change(s):	Change 🗌 Address C	hange 🗌 Dir	ector Change	
Current Certificate Type:	Waived PPM	Compliance	Accredited	
CLIA Certificate Number (typical	ly begins with 14D)			
CLIA Laboratory Certification Progr Phone: 217-782-6747 LABORA		AND DIRECTOR (CHANGE	
State of Illinois			ls:	THE STATE OF I

(Forms can be faxed to (217)782-0382, or mailed to IDPH CLIA Laboratory Certification Program, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761)