



## CLIA CERTIFICATE TYPE CHANGE

CLIA Certificate Number (number typically begins with 14D) \_\_\_\_\_

***NOTE: For Certificate Changes to PPM, Compliance or Accredited, Submit a New CMS-116 Application***

Select Current Certificate Type: CLIA PPM  Compliance  Accredited   
Change To: CLIA Waived  Change to: AABB AOA ASHI A2LA  
CAP COLA The Joint Comm

Facility Name (Print) \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Certificate changes to CLIA waived requires list of test names and volumes: (*Certificate allows only waived tests to be performed*).

CLIA waived ESTIMATED yearly test volume \_\_\_\_\_

1. List the name of all CLIA waived tests that you expect to perform (*Example: Rapid Strep, Acme Home Glucose Meter, etc.*).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLETE THE SECTION BELOW ONLY IF THE CERTIFICATE WILL HAVE A NEW LAB DIRECTOR OR CHECK the NO box  AND SIGN (fax/mail scan/e-mail form)**

New Director's Name (Print) \_\_\_\_\_

New Director's Signature - \_\_\_\_\_ Date \_\_\_\_\_

Person Requesting Change (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Forms can be faxed to 217-782-0382, scanned/e-mailed or  
Mailed to IDPH CLIA Laboratory Certification Program, 525 W. Jefferson St., 4th Floor,  
Springfield, IL 62761*