

State of Illinois  
CLIA Laboratory Certification Program

Phone: 217-782-6747

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.

Current Certificate Type:  CLIA Waived  CLIA PPM  Compliance  Accredited

Change To:  CLIA Waived  CLIA PPM  CLIA Compliance  Accredited Agency \_\_\_\_\_

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

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

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

1. CLIA waived ESTIMATED yearly test volume \_\_\_\_\_
2. List the name of all CLIA waived tests that you expect to performing (e.g., Rapid Strep, Acme Home Glucose Meter, etc.).

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

Certificate changes to CLIA PPM requires list of PPM test names and volumes: (Certificate allows for PPM and waived testing. If your laboratory will be conducting CLIA waived test under this PPM certificate, complete Section 1 and 2 above and provide waived test names and volumes).

3. PPM-ESTIMATED Yearly test volume \_\_\_\_\_
4. List the name of all CLIA PPM (Microscopic) tests that you will be performing ( e.g. Potassium Hydro (KOH) Preps, Urine Sediment Exams).

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

Complete the section below if the certificate will have a new lab director, or check the box  NO and sign (fax/mail form).

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

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

Is the proposed new director currently directing an equivalent in complexity CLIA-Compliance or Accredited lab?  YES  NO

If YES, provide the lab CLIA # \_\_\_\_\_ and skip the lab director qualifying requirements. If NO review the lab director qualifying options.

- CLIA-waived (Proof of Qualifications Not Required) • CLIA-PPMP (Attach copy of Illinois medical license or midlevel practitioner certificate)
- CLIA-compliance or accredited: Review the lab director qualifying options by lab complexity and attach copies of the documents with this form.

Note: Lab director changes for CLIA-PPM, compliance or accredited labs without qualifying documents will not be processed.

- Option 1 (Moderate Complexity Lab) MD/DO/DPM Illinois medical license AND board certification in anatomical or clinical pathology
- Option 2 (Mod/Comp/Lab) MD/DO/DPM Illinois medical license AND proof of one year lab training experience directing or supervising a CLIA moderate or high complexity laboratory
- Option 3 (Mod/Comp/Lab) MD/DO/DPM IL medical license AND 20 CME credit hours related to lab directors practice or equivalent 20 CMEs for lab practice during medical residency
- Option 4 (Mod/Comp/L) Doctoral degree in chemical, physical, biological or clinical lab science with board certification OR doctoral degree and 1 year experience dir/sup a mod comp lab
- Option 5 (Mod/Comp/Lab) Master's degree in lab science AND proof of one year of lab training and experience supervising a CLIA certified moderate or high complexity laboratory
- Option 6 (Mod/Comp/Lab) Bachelor's degree in lab science AND proof of two years of lab training and experience supervising a CLIA certified moderate or high complexity laboratory
- Option 7 (Mod/Comp/Lab) On or before February 28, 1992, qualified under state law to direct a lab in the state in which the laboratory is located
- Option 1 (High Complexity Lab) MD/DO/DPM Illinois medical license AND board certification in anatomical or clinical pathology
- Option 2 (High Comp/Lab) MD/DO/DPM IL medical license AND proof of one year laboratory training during medical residency, or two years experience directing/superv a high comp lab
- Option 3 (High Comp/Lab) Doctoral degree in chemical, physical, biological or clinical lab science with current board certification by an approved HHS board

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

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