

State of Illinois

CLIA Laboratory Certification Program

Phone: (217) 782-6747 **LABORATORY NAME, ADDRESS AND DIRECTOR CHANGE**



CLIA Certificate Number (typically begins with 14D) _____

Current Certificate Type: Waived PPM Compliance Accredited

Select Change(s): Name Change Address Change Director Change

New Facility Name (Print) _____

Current Facility Name (Print) _____

New Address (Print) _____

City _____ State _____ ZIP Code _____

Current Address _____

City _____ State _____ ZIP Code _____

Mailing Address (if different from address above)(Print) _____

City _____ State _____ ZIP Code _____

Laboratory Director Change

New Director's Name (Print) _____

New Director's Signature (REQUIRED) _____

Current Director's Name (Print) _____

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

If YES, provide the lab CLIA No. _____ and skip the lab director qualifying requirements.

If NO, please review the lab director qualifying options by lab complexity and certificate type.

- **CLIA-Waived** (proof of qualifications NOT required) • **CLIA-PPMP** (attach copy of State of Illinois Medical Lic, or Midlevel Practitioner Cert)
- **CLIA-Compliance or Accredited:** Review the lab director qualifying options by lab complexity listed below, and attach copies of the documents with this form. (For additional options you may call our office).

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 one 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 2 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

Note: Lab director changes for CLIA PPM, Compliance or Accredited labs without qualifying documents will not be processed.

Email Address _____ Phone No. _____ Fax No. _____

Person Requesting Change (Please Print) _____

Signature _____ Date _____

(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)