

**New Jersey Department of Health  
Clinical Laboratory Improvement Services  
PO Box 361  
Trenton, NJ 08625-0361**

**LABORATORY PERSONNEL QUALIFICATION APPRAISAL**

*An individual employed in a clinical laboratory as director, general supervisor, technical supervisor, technologist, cytotechnologist, cytotechnologist supervisor, or technician, must establish his/her qualifications under N.J.S.A. 45:9-42.34. The Clinical Laboratory Improvement Services needs the following information to determine whether the employer listed in Item 3 meets the requirements for qualified personnel. Authority to collect the information is given in N.J.S.A. 45:9-42.3 Right of Entry and Inspection. The information you furnish will be used for: (1) routine administrative processes carried out in accordance with established regulations and published notices of systems of records, and (2) disclosures expressly permitted by the Privacy Act without the individual's consent, e.g., to the Bureau of the Census. The information will not be released to any persons or organizations outside of official administrative channels unless the individual specifically requests in writing that such disclosures be made (Privacy Act of 1974 - Public Law 93-579).*

*Verification of degree, diploma, board certification, etc., may be requested.*

1. Name (Last, First, Middle)					2. Maiden Name (if Married)			
Home Mailing Address								
City			State			Zip Code		
3. Name of Present Employer								
Address								
City			State			Zip Code		
4. Employment Work Arrangements <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Call or Call Back <input type="checkbox"/> Hours/Week: _____					5. Shift <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night			
6. Positions Currently Held in Laboratory <input type="checkbox"/> Director <input type="checkbox"/> Technologist <input type="checkbox"/> General Supervisor <input type="checkbox"/> Cytotechnologist <input type="checkbox"/> Cytotechnologist Supervisor <input type="checkbox"/> Technician <input type="checkbox"/> Technical Supervisor <input type="checkbox"/> Phlebotomist					7. Technical Supervisors ONLY - Check the following in which you presently function: <input type="checkbox"/> Microbiology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Diagnostic Immunology <input type="checkbox"/> Virology <input type="checkbox"/> Chemistry <input type="checkbox"/> Toxicology <input type="checkbox"/> Hematology <input type="checkbox"/> Cytology <input type="checkbox"/> Immunohematology <input type="checkbox"/> Cytogenetics			
8a. High School Graduate or Equivalent <div style="text-align: center;"><input type="checkbox"/> Yes                      <input type="checkbox"/> No</div>								
<b>College, University or Other Schools Attended</b>								
8b. Name and Address of Institution	From		To		Major	Degree, Diploma or Certificate	Conferred	
	Mo.	Yr.	Mo.	Yr.			Mo.	Yr.

**LABORATORY PERSONNEL QUALIFICATION APPRAISAL  
(Continued)**

1. Name (Last, First, Middle)	2. Maiden Name (if Married)
-------------------------------	-----------------------------

**9. Clinical Laboratory Training  
(Training fulfilling or partially fulfilling a Degree, Diploma, or Certificate requirement listed in Item 8.)**

Name and Address	From		To		Program Title	Degree, Diploma or Certificate	Conferred	
	Mo.	Yr.	Mo.	Yr.			Mo.	Yr.

**10. License, Certification or Registration  
(Attach copies of any licenses, certifications and/or registrations held.)**

**11. Clinical Laboratory Experience**

Name and Address of Laboratory or Institution  <i>Begin with earliest employment and continue through present employment. Any gaps in employment will be assumed to be non-clinical laboratory work periods. Attach additional pages if necessary.</i>	Period Employed				Position Held *  <i>[* Indicate position(s) as shown in Item 6.]</i>	Microbiology	Diagnostic Immunology	Chemistry	Hematology	Cytology	Endocrinology	Toxicology	Virology	Immunohematology	Cytogenetics	Other
	From		To													
	Mo.	Yr.	Mo.	Yr.												

**- READ THE FOLLOWING CAREFULLY BEFORE SIGNING -**

Statements or entries generally: Whoever, in any matter within the jurisdiction of any department or agency of the State of New Jersey knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be subject to a penalty of not less than \$100.00 or more than \$1000.00 for each violation (N.J.S.A. 2A:58-10 through 12).

**CERTIFICATION**

I CERTIFY that all of the statements made in this form are true, complete and correct to the best of my knowledge and belief and are made in good faith.

12. Signature of Applicant	Date
----------------------------	------

**CERTIFICATION**

I have reviewed the entries made herein and to the best of my knowledge they are true, complete and correct.

13. Signature of Current Laboratory Director	Date
--	------