

New Jersey Department of Health

BLOOD BANK PERSONNEL QUALIFICATION APPRAISAL

An individual employed in a blood bank as director, medical director, general supervisor, technical supervisor, technologist, phlebotomy supervisor, transfusionist, phlebotomist or technician, must establish his/her qualifications under P.L. 1963, Chapter 33, New Jersey Blood Bank Licensing Act. The Program 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 Chapter 8 of the New Jersey State Sanitary Code (P.L. 1963, Chapter 33, New Jersey Blood Bank Licensing Act). Your response is voluntary; however, failure to furnish the requested information may result in the facility not being licensed or relicensed by the Department. If you do furnish the information, it 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.

If assistance is needed, contact the Clinical Laboratory Improvement Service, Blood Bank Unit, at 609-406-6829.

1. Name (Last, First, Middle)					2. Maiden Name (if Married)			
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 _____ Hours Per Week					5. Shift <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night			
6. Positions Currently Held in Laboratory								
<input type="checkbox"/> Blood Bank Director/Co-Director			<input type="checkbox"/> Technical Supervisor			<input type="checkbox"/> Transfusionist		
<input type="checkbox"/> General Supervisor			<input type="checkbox"/> Technologist			<input type="checkbox"/> Medical History Interviewer		
<input type="checkbox"/> General Laboratory Supervisor			<input type="checkbox"/> Phlebotomist			<input type="checkbox"/> Trainee		
<input type="checkbox"/> Phlebotomy Supervisor			<input type="checkbox"/> Technician					
7a. High School Graduate or Equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No								
College, University or Other Schools Attended								
7b. Name and Address of Institution	From		To		Major	Degree, Diploma or Certificate	Conferred	
	Mo.	Yr.	Mo.	Yr.			Mo.	Yr.

**BLOOD BANK PERSONNEL QUALIFICATION APPRAISAL
(Continued)**

Name (Last, First, Middle)

**8. Blood Bank or Transfusion Related Training
(Training fulfilling or partially fulfilling a Degree, Diploma, or Certificate requirement listed in Item 7b.)**

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

**9. License, Certification or Registration
[Include Cardiopulmonary Resuscitation Certification with Documentation (if applicable)]**

Name of Granting Agency	Licensure/Certification or Registration Title	Granted		License, Certificate, or Registration No.	MD/DO (X) if Only Brd Eligible
		Mo.	Yr.		

10. Proficiency Examinations- Department of Health and Human Services

Type of Examination	Passed		Identification Number
	Mo.	Yr.	
<input type="checkbox"/> Technologist			
<input type="checkbox"/> Director			

**11. Blood Bank or Transfusion-Related Experience
(Begin with earliest employment and continue through present employment. Any gaps in employment will be assumed to be unrelated experience.)**

Name and Address of Blood Bank or Institution	Period Employed				Position Held (Indicate position(s) as shown in Item 6.)
	From		To		
	Mo.	Yr.	Mo.	Yr.	

**BLOOD BANK PERSONNEL QUALIFICATION APPRAISAL
(Continued)**

Name (Last, First, Middle)

12. Remarks
(Add information pertinent to your education, training, employment, etc., not included above.)

- 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 or more than \$1000 for each violation (N.J.S.A. 2A:58-1 et seq.).

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.

13. Signature of Applicant (Sign in Ink)	Date
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CERTIFICATION: I CERTIFY that all of the statements made in this form are true, complete and correct to the best of my knowledge and believe and are made in good faith.

14. Signature of Current Blood Bank Director (Sign in Ink)	Date
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FOR STATE USE ONLY

Name of Person in Item 1

15a. Meets State Licensure Requirements (if applicable) as:

<input type="checkbox"/> Director	<input type="checkbox"/> Technical Supervisor	<input type="checkbox"/> Technologist
<input type="checkbox"/> Medical Director	<input type="checkbox"/> Phlebotomy Supervisor	<input type="checkbox"/> Phlebotomist
<input type="checkbox"/> General Supervisor	<input type="checkbox"/> Technician	<input type="checkbox"/> Transfusionist

15b. Does not quality as _____
Explain in Remarks Section the position(s) in which individual functions or proposes to, but does not qualify.

16. Reviewer Remarks

17. State Agency Reviewer	Date
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