

State of Illinois

CLIA Laboratory Certification Program

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



CLIA Certificate Number (typically begins with 14D) _____

**NOTE: For Lab Director Changes on Certificates of Accreditation,
Please Contact your Independent Accredited Agency**

Current Certificate Type: Waived PPM Compliance

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

NOTE: Completing This Section is Required

Facility Name (Print) _____

Address (Print) _____ City _____ State _____ ZIP Code _____

Phone _____ FAX _____ E-Mail _____

Mailing Address (if different from address above) _____ City _____ State _____ ZIP Code _____

Lab 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 "NEW LAB DIRECTOR QUALIFYING REQUIRMENTS".

If NO, please review the lab director qualifying options and include the qualifying documents with this request form.

NEW LAB DIRECTOR QUALIFYING REQUIRMENTS

• **CLIA-Waived (ID-Only, 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 at (217) 524-0135).

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 (High/Comp/Lab) On or before February 28, 1992, if qualified under state law Part 450 Illinois Clinical Lab Codes to direct a lab in the state in which the laboratory is located

Option 1 (High Comp/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 or Compliance labs without qualifying documents will not be processed.

Person Requesting Change (Print) _____ Signature _____ Date _____

NOTE: Documents missing the required signatures or forms will not be processed.

Completed forms can be submitted via email to Dph.Clia@Illinois.gov faxed to 217-782-0382, or mailed to IDPH CLIA Laboratory Certification Program, 525 W. Jefferson St. Fourth Floor, Springfield, IL 62761