

LABORATORY PERSONNEL QUALIFICATION

1. Name	4. Present employer(s) – Name(s) and Addresses (es)
2. Maiden name, if married	
3. Mailing address (Number, Street, PO Box)	5. Employer work arrangements by employer <input type="checkbox"/> Full time <input type="checkbox"/> Part time – hours per week _____ <input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift
City, State, ZIP Code	6. Employer's identification number(s)

7. POSITION(S) CURRENTLY HELD IN LABORATORY

- Director Technical Supervisor General Supervisor Cytotechnologist Supervisor
 Clinical Consultant Technical Consultant Testing Personnel Cytotechnologist

8. EDUCATION

a. High school graduate or equivalent Yes No

b. College, university, or other school(s) attended

Name and Address of Institution	ATTENDED				Major	Degree, Diploma, or Certificate (Include Month and Year Conferred)*
	From		To			
	Mo	Yr	Mo	Yr		

9. CLINICAL LABORATORY TRAINING

Name and Address of Institution	ATTENDED				Major	Degree, Diploma, or Certificate (Include Month and Year Conferred)*
	From		To			
	Mo	Yr	Mo	Yr		

10. LICENSE, CERTIFICATION, OR REGISTRATION

Name of Granting Agency	License, Certificate, or Registration Title	Granted Month/Year	License, Certificate, or Registration Number*	MD/DO – Check if Only Board Eligible

*Verification of degree, diploma, certificate, or board eligibility may be requested.

11. CLINICAL LABORATORY EXPERIENCE

Name and address of laboratory or institution. Begin with earliest employment since education/training and continue through present employment. Any gaps in employment will be assumed to be nonclinical laboratory work periods.	Period Employed				Position(s) Held	Experience in the following:										
						From		To		M	I	C	H	I	C	P
	Mo	Yr	Mo	Yr		O	N	M	M	M	O	H	T	H	P	C
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Note: On January 1, 1977, the Governor's Executive Order Number B-2276 became operational. This order is intended to protect the privacy of individuals by regulating the gathering and maintenance of personal data. All items are mandatory and the information requested must be furnished. Mandatory information is used to identify an individual properly and an individual substantially meets the personnel requirements set forth in Chapter 3, Division 2, of the business and Professions Code and Chapter 2, Title 17, of the Administrative Code. Failure to provide such information would preclude acceptance of your qualification. You have the right to review the laboratory file which is maintained by Chief, Laboratory Field Services Section, Department of Public Health, 850 Marina Bay Parkway, Bldg. P, 1st Floor, Richmond, California 94804-6403, (510) 620-3800

CERTIFICATION

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

13. Applicant signature (sign in ink)	Date
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CERTIFICATION

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

14. Current Laboratory Director signature (Sign in ink)	Date
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