

## Instruction Page for Technical Supervisor Qualification Appraisal Form for Oregon

42 CFR 493.51, Notification requirements for laboratories issued a certificate of compliance states that any change in Technical Supervisor of a high complexity laboratory must be reported to the CLIA State Agency.

This form was created to organize the information necessary for the personnel of the CLIA State Agency in Oregon to review the qualifications of a Technical Supervisor.

Those seeking to qualify as a Technical Supervisor for a high complexity CLIA certified lab in the State of Oregon should complete this form for review of qualifications with 42 CFR 493.1441 and 1449.

All sections of this form should be completed. This is a fillable form .pdf. You may type into the fields on a computer or print the form and write the information necessary. The form must be readable.

Qualifications are based on a combination of education, board certification/licensing, and training/experience. The completed form should be accompanied by necessary supporting documentation:

Educational attainment should be demonstrated by including a clean photocopy/photograph of the degree diploma or the transcripts for the program of the degrees listed.

A clean photocopy/photograph of any Licenses or Boards listed on the appraisal form should be included.

All clinical laboratory experience being used to qualify must be listed in the format of the table given on the form for experience and must include all elements listed. You may attach an additional page to list experience. To specify which specialties were worked in at each **clinical** lab job/position (research and forensic experience does not qualify), please use the specialty codes listed below:

C – Bacteriology	D – Mycobacteriology	E – Mycology
F – Parasitology	G – Virology	H – Diagnostic Immunology
I – Chemistry	J – Hematology	K – Cytology
L1 – Histopathology	L2 – Dermatopathology	L3 – Ophthalmic Pathology
M – Oral Pathology	N – Radiobioassay	O – Histocompatibility
P – Cytogenetics	Q – Immunohematology	

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The Additional Information section is for noting things pertinent to the qualifying elements: education, licensing, experience/training. Example: 'Currently waiting on ASCP for renewal.' This section should not be used for personal information that does not impact review of the qualifications.

The Qualification Appraisal form should be signed and dated by the applicant and the Laboratory Director of the laboratory the applicant is being considered as Technical Supervisor of. Valid, hand-written signatures or digitally encrypted signatures are acceptable, only.

The form, once complete and signed, may be mailed, faxed, or emailed to the Regulatory Section of Oregon State Public Health Laboratory. Fax transmissions should include a cover sheet with name and contact information of the sender. Please ensure that you keep a copy of mailed documents. Submissions sent by email **do not** need the hardcopies to be later sent by mail.

Oregon State Public Health Laboratory Regulatory Section 7202 NE Evergreen Parkway, Ste 100 Hillsboro, OR 97124-7251	Phone: (503) 693-4125 Fax: (503) 693-5602 Email: <a href="mailto:LC.info@odhsoha.oregon.gov">LC.info@odhsoha.oregon.gov</a> Web: <a href="http://www.healthoregon.org/ll">www.healthoregon.org/ll</a>
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Instructions provided on separate page.

## General Information

Applicant Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Laboratory Name \_\_\_\_\_ CLIA ID Number \_\_\_\_\_  
 Laboratory Director \_\_\_\_\_ Director Email \_\_\_\_\_

## Education

Name and location of school attended	Degree Year	Program Title	Degree

## Licenses/Boards

Title of License/Board	Year	Granting Agency	License #

## Clinical Laboratory Experience-attach additional listing in this format

Laboratory Name and State List most recent first	Position	Dates Worked (month & year, from and to)	Specialty Code (See instruction page)

## Additional Information

**Signatures Required-** Applicant certifies that all statements in this form are true, accurate and correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Laboratory Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Oregon Health Authority  
 Oregon State Public Health Laboratory  
 Regulatory Section  
 7202 NE Evergreen Parkway, Ste 100  
 Hillsboro, OR 97124-7251  
 Phone: (503) 693-4125  
 Email: [LC.info@odhsoha.oregon.gov](mailto:LC.info@odhsoha.oregon.gov)  
 Web: [www.healthoregon.org/ll](http://www.healthoregon.org/ll)

**FOR STATE USE ONLY**

By \_\_\_\_\_ Date \_\_\_\_\_

42 CFR 493.1449 :

b c d e f g h i j k l: (1) (2) (3)

m n o p q Not Qualified