



DEPARTMENT OF PUBLIC HEALTH

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Director

NONDIAGNOSTIC GENERAL HEALTH ASSESSMENT:

2019 PROGRAM REGISTRATION FORM

Merced County Public Health Laboratory

260 E. 15th St, Merced CA 95340 / **Direct Line** 209.381.1290 / **Fax** (209) 381-1292

Complete this form for initial registration of a program. This registration form must be completed and received by at least 30 days prior to operating a program of nondiagnostic general health assessment. Complete a "Site Registration" form for each site where testing is to be performed.

PART 1: ADMINISTRATION:

A. NAME OF ORGANIZATION OR OPERATOR: _____

Address: _____

City State Zip

Business Telephone: _____

Fax Number: _____

Email Address: _____

Name of Contact Person: _____

B. NAME OF OWNER: _____

Address: _____

City State Zip

Business Telephone: _____

Fax Number: _____

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C. SUPERVISORY COMMITTEE MEMBERSHIP: (Provide Copies of Licenses/Certificates)

Name of physician: _____

Address: _____

City State Zip

Business Telephone: _____

Fax Number: _____

California Medical License Number: _____

Expiration Date: _____

Name of Laboratory Technologist: _____

Address: _____

City State Zip

Business Telephone: _____

Email Address: _____

California Clinical Laboratory Technologist License No: _____

Expiration Date: _____

D. CLIA IDENTIFICATION NUMBER: (Provide a Copy of Certificates)

CLIA Expiration Date: _____

NONDIAGNOSTIC GENERAL HEALTH ASSESSMENT: PROGRAM REGISTRATION FORM

For Official Use Only

Reviewed By: _____ Date: _____

Registration Number: _____ Expiration Date: _____

Date Issued