

STATE OF HAWAII DEPARTMENT OF HEALTH
Office of Health Care Assurance • CLIA Program
 601 Kamokila Blvd. #395 • Kapolei • Hawaii, 96707
 Ph. (808) 692-7420 Fax. (808) 692-7447

RENEWAL FOR CLINICAL LABORATORY PERMIT OR LICENSE

SECTION 1.

Check one:	<input type="checkbox"/> Class I Clinical Lab Permit #_ _ _ _ _	<input type="checkbox"/> Class II Clinical Lab Permit #_ _ _ _ _	<input type="checkbox"/> Clinical Laboratory License #_ _ _ _ _
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SECTION 2.

Name of Laboratory:		CLIA # 12D	
Street Address (testing site):	City:	State:	Zip code:
Phone Number: ()	Fax Number: ()		
Mailing Address:	City:	State:	Zip code:

SECTION 3.

Name of Laboratory Director:		
<input type="checkbox"/> Clinical Lab Director	Hawaii Lic #:	Exp Date:
<input type="checkbox"/> Medical Technologist	Hawaii Lic #:	Exp Date:
<input type="checkbox"/> Other:	Hawaii Lic #:	Exp Date:
<input type="checkbox"/> No Hawaii License		

SECTION 4. Clinical Lab Permits Only

If your laboratory director is NOT licensed as a clinical laboratory director or medical technologist, complete this section in addition to section 3.

Name of a Laboratory Consultant:		
<input type="checkbox"/> Clinical Lab Director	Hawaii Lic #:	Exp Date:
<input type="checkbox"/> Medical Technologist	Hawaii Lic #:	Exp Date:

SECTION 5. (Blank)

SECTION 6.

I hereby certify that the statements and information submitted with this application are true. I am aware that any misstatements of material facts may cause rejection of my application and subsequent revocation of my Class I clinical laboratory permit, Class II clinical laboratory permit, clinical laboratory license, or CLIA certification.

Signature of Lab Director (Required)	Date (Required)
Signature of Laboratory Consultant (Required if Section 4 completed)	Date