



IDAHO DEPARTMENT OF HEALTH & WELFARE  
**DIVISION OF PUBLIC HEALTH**

**TECHNICAL CONSULTANT/SUPERVISOR QUALIFICATION APPRAISAL FORM**

Please complete this form for applicants seeking to be technical consultant or technical supervisor for a non-waived laboratory in compliance with 42 CFR 493.1411 and 1449.

**GENERAL INFORMATION**

Applicant Name: \_\_\_\_\_  
 Laboratory Complexity:    High Complexity    Moderate Complexity  
 Laboratory Name: \_\_\_\_\_  
 Laboratory Address: \_\_\_\_\_  
 Laboratory Phone: \_\_\_\_\_ Laboratory CLIA Number: \_\_\_\_\_ OR New Lab, CLIA number pending

**Education Credentials - Provide a copy of degree(s), attach additional pages if necessary**

Name and Location of School Attended	Year of Degree	Program Title	Degree or Credential

**Licenses/Boards - Attach additional pages if necessary**

Licensure/Certification	Year	Name of Granting Agency	Registration Number

**Clinical Laboratory Experience - Attach additional pages if necessary**

Name of Laboratory and State list most recent experience first	Position	Dates Worked (month & year)	Microbiology	Hematology	Chemistry	Immunoheme	Other:

**Additional Information:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

Please return this completed form with accompanying documentation by mail, fax, or email to:

Idaho Bureau of Laboratories • 2220 Old Penitentiary Road • Boise, ID 83712  
 Phone: 208-334-0504 Fax: 208-334-4067  
[LabImprovement@dhw.idaho.gov](mailto:LabImprovement@dhw.idaho.gov)

Visit [www.statelab.idaho.gov](http://www.statelab.idaho.gov) for additional information and CLIA resources.

FOR STATE USE ONLY
By _____ Date _____
42 CFR 493. _____
Does Not Qualify: _____