

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH PROGRAMS AND SERVICES**

NON-DIAGNOSTIC GENERAL HEALTH ASSESSMENT RENEWAL APPLICATION

This registration form must be completed annually and received by the County of Los Angeles Public Health Laboratory at least 30 days prior to operating a program of non-diagnostic general health assessment (NGHA). All required documentation must be received before issuance of site license(s). Site-specific licenses must be posted during each program operation.

PART 1: ADMINISTRATION:

A. Name of Organization or Operator _____

Permanent Address: _____

City _____ Zip Code _____
Bus Ph :() _____ Fax:() _____ CLIA # _____ Exp: _____

B. Name of Owner: _____

Address (if different than above): _____

City _____ Zip Code _____
Business Phone:() _____ Fax:() _____

C. Supervisory Committee Members:

Name of Physician: _____

Address: _____

City _____ Zip Code _____ Business Phone: () _____
California Medical License #: _____ Expiration: _____

Name of Clinical Laboratory Scientist: _____

Address: _____

City _____ Zip Code _____ Business Phone: () _____
California Clinical Laboratory Scientist License #: _____ Expiration: _____

D. Record Storage

All operators must have a permanent address where records of testing and protocols shall be stored for the purpose of review for at least one year after testing has been completed. The Public Health Laboratory must be notified in writing within 30 days of any change in record storage.

Record Storage Address: _____

City _____ Zip Code _____ Business Phone: () _____

PART 2: ASSESSMENT PROGRAM

A. Location where assessments are to be performed (complete a separate Supplemental form 2A for each additional location):

Name of Location: _____

Permanent Address: _____

City _____ Zip Code _____ Business Phone: () _____

B. Dates and hours program will be operating at this location (attach additional sheets if necessary):

Dates	Hours	Dates	Hours

NOTE: Any changes in times, dates or location must be reported in writing to the NGHHA program office at least 24 hours prior to the operation of the program.

C. Non-diagnostic tests being conducted at this location.

(✓)	Test	Equipment Name	Manufacturer
	TOTAL CHOLESTEROL		
	HIGH DENSITY LIPOPROTEIN (HDL)		
	TRIGLYCERIDES		
	BLOOD GLUCOSE		
	HEMOGLOBIN		
	DIPSTICK URINALYSIS		
	FECAL OCCULT BLOOD		
	URINE PREGNANCY		

D. List of all employees for this location (attach additional sheets if necessary).

Name	Title	(✓) Authorized to perform skin puncture	
		Yes	No

NOTE: Include documentation of authorization to perform skin puncture for each individual checked "YES" above.

PART 3 COMPLIANCE

All assessment programs must be operated per §1244 of the California Business and Professions Code. Please answer each of the questions listed below.

Yes No

- [] [] The organization/operator listed on this application has and will continue to operate in accordance with all applicable federal, state and County regulations in its provision of Non-diagnostic General Health Assessment Programs.
- [] [] An annual review by the supervisory committee of all written protocols has been performed and documented with a signed and dated statement made by both supervisory committee members. A copy of this document is included with this application.
- [] [] All protocols and procedures followed in this program have been submitted to the Los Angeles County Non-diagnostic General Health Assessment Office for review or all new procedures are enclosed with this application.

PART 4: FEES: License is issued on a fiscal year basis from date of issuance through June 30th of the following year.

	July-Sep	Oct-Dec	Jan-Mar	Apr-June
Annual Fee <i>(Includes one site and one test)</i>	\$150.00	\$112.50	\$ 75.00	\$ 37.50
Additional Site	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
Additional Non-diagnostic tests	\$144.00	\$ 108.00	\$ 72.00	\$ 36.00
	(Revised 6/1/08)			

Make checks payable to: **Department of Public Health**
 Return application to: Public Health Laboratory
 NGHHA Program
 12750 Erickson Ave, Room 104
 Downey, CA 90242

PART 5: LICENSE:

A license for the specific location address must be posted during operation of a non-diagnostic general health assessment program.

Name of Person Requesting License: _____ Phone No. _____

Address if different than above: _____

City State Zip code E. Mail Address

I certify that the above information is accurate and complete and that I am aware of the laws and regulations that apply to non-diagnostic testing in the State of California and in the County of Los Angeles in which testing is to be performed.

Applicant's signature Date of Application

FOR OFFICIAL USE ONLY

Reviewed by: _____ Date: _____

License Number: _____ Date Issued: _____ Expiration Date: _____

Fees Received: \$ _____ Check #: _____ Date Received: _____

Balance Due: _____ Overpayment: _____

**SUPPLEMENTAL FORM 2A
COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH**

NON-DIAGNOSTIC GENERAL HEALTH ASSESSMENT

PART 2A: ADDITIONAL NGHHA PROGRAM LOCATION

Complete a separate PART 2A for each location where assessments are to be performed.

A. Name of Organization or Operator: _____

Permanent Address: _____

Business Phone: (^{City}) _____ Fax: (^{Zip Code}) _____ CLIA # _____

B. Location where assessments are to be performed (complete a separate Supplemental form 2A for each additional location):

Name of Location: _____

Permanent Address: _____

_____ Business Phone: () _____
City Zip Code

C. Dates and Hours program will be operating at this location (attach additional sheets if necessary):

Dates	Hours	Dates	Hours

NOTE: Any changes in times, dates or location must be reported in writing to the NGHHA program office at least 24 hours prior to the operation of the program.

D. Non-diagnostic tests being conducted at this location:

(✓)	Test	Equipment Name	Manufacturer
	TOTAL CHOLESTEROL		
	HIGH DENSITY LIPOPROTEIN (HDL)		
	TRIGLYCERIDES		
	BLOOD GLUCOSE		
	HEMOGLOBIN		
	DIPSTICK URINALYSIS		
	FECAL OCCULT BLOOD		
	URINE PREGNANCY		

E. Employee List for this location (attach additional sheets if necessary).

Name	Title	(✓) Authorized to perform skin puncture	
		Yes	No

NOTE: Include documentation of authorization to perform skin puncture for each individual checked "YES" above.

F. FEES: Licenses are issued on a fiscal year basis from date of issuance through June 30th of following year.

Month of License Issuance	July-Sep	Oct-Dec	Jan-Mar	Apr-June
Additional Site	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
Additional Non-diagnostic Tests (Annual Fee includes one site and one test)	\$144.00	\$108.00	\$ 72.00	\$ 36.00

(Revised 6/1/08)

Make checks payable to: **Department of Public Health**
 Return application to: Public Health Laboratory
 NHGA Program
 12750 Erickson Ave, Room 108
 Downey, CA 90242

Part 5: LICENSE:

A license for the specific location address must be posted during operation of a non-diagnostic general health assessment program.

Name of Person Requesting License: _____ Telephone No. _____

Address if different than above: _____

City _____ State _____ Zip code _____ E-mail Address _____

I certify that the above information is accurate and complete and that I am aware of the laws and regulations that apply to non-diagnostic testing in the State of California and in the County of Los Angeles in which testing is to be performed.

Applicant's signature

Date of Application

FOR OFFICIAL USE ONLY

Reviewed by: _____ Date: _____

License Number: _____ Date Issued: _____ Expiration Date: _____

Fees Received: \$ _____ Check #: _____ Date Received: _____

Balance Due: _____ Overpayment: _____