

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
PUBLIC HEALTH PROGRAMS AND SERVICES

NONDIAGNOSTIC GENERAL HEALTH ASSESSMENT 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 nondiagnostic general health assessment (NGHA).

**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 from above) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip Code  
Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**C. Supervisory Committee Members:**

**Name of Physician:** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_  
City \_\_\_\_\_ Zip Code

California Medical License # \_\_\_\_\_ Expiration: \_\_\_\_\_

**Name of Laboratory Technologist:** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_  
City \_\_\_\_\_ Zip Code

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 \_\_\_\_\_

\_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_  
City \_\_\_\_\_ Zip Code

**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: \_\_\_\_\_

\_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_  
City \_\_\_\_\_ Zip Code

**B. Dates and hours program will be operation 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 NGHA program office at least 24 hours prior to the operation of the program.

**B. Nondiagnostic tests being conducted at this location:**

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

**C. 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. Include the name, signature, and license number of the physician attesting to fingerstick training.

**PART 3: COMPLIANCE**

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

- |            |           |  |
|------------|-----------|--|
| <b>Yes</b> | <b>No</b> |  |
| [ ]        | [ ]       | This program operates in accordance with all applicable federal, state and county regulations in its provision of Nondiagnostic General Health Assessment Programs.  |
| [ ]        | [ ]       | An annual review by the supervisory committee of all written protocols has been performed and documented in writing with supervisory committee signatures and dates of review. A copy of the signed and dated documentation has been included in this application. |
| [ ]        | [ ]       | Either all protocols and procedures followed in this program have been previously submitted to the Los Angeles County Nondiagnostic General Health Assessment Office for review or any new procedures are attached with this application.                          |

**PART 4: FEES: Licenses are issued on a fiscal year basis from date of issuance through June 30<sup>th</sup> of the following year.**

	<b>July-Sep</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-Jun</b>
Annual Fee (includes one site and one test)	\$150.00	\$112.50	\$ 75.00	\$ 37.50
Additional Site	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
Additional Nondiagnostic Tests	\$144.00	\$108.00	\$ 72.00	\$ 36.00

**Make Checks Payable to:** Department of Public Health

**Return Application to:** Public Health Laboratory  
 NGHA Program  
 12750 Erickson Ave, Room 107  
 Downey, CA 90242

**PART 5: LICENSE**

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

**Name of Person Requesting License:** \_\_\_\_\_ Phone No. \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

\_\_\_\_\_  
 Date of Application

**FOR OFFICIAL USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

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

**NONDIAGNOSTIC GENERAL HEALTH ASSESSMENT**

**ADDITIONAL NGHHA PROGRAM LOCATION**

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

**A. Name of Organization or Operator:** \_\_\_\_\_

Permanent Address \_\_\_\_\_

Bus Ph: (    ) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Fax:(    ) \_\_\_\_\_ CLIA# \_\_\_\_\_

**B. 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: (    ) \_\_\_\_\_

**C. Dates and hours program will be operation 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. Nondiagnostic tests being conducted at this location:**

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

**E. 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. Include the name, signature, and license number of the physician attesting to fingerstick training.

**F. FEES: Licenses are issued on a fiscal year basis from date of issuance through June 30<sup>th</sup> of the following year.**

Month of Application Issuance	July-Sept	Oct-Dec	Jan-Mar	Apr-June
Additional Site	\$ 48.00	\$ 36.00	\$ 24.00	\$ 12.00
Additional Nondiagnostic Tests	\$ 144.00	\$108.00	\$ 72.00	\$ 36.00

(Annual Fee includes one site and one test)

**Make Checks Payable to: Department of Public Health**

**Return Application to:** Public Health Laboratory  
 NGHA Program  
 12750 Erickson Ave, Room 108  
 Downey, CA 90242

**G. LICENSE**

**A license for the specific location address must be posted during operation of a nondiagnostic general health assessment program.**

**Name of Person Requesting License:** \_\_\_\_\_ Phone No. \_\_\_\_\_

**Address (if different from above):** \_\_\_\_\_

\_\_\_\_\_  
 City State Zip Code

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

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

\_\_\_\_\_  
 Date of Application

**FOR OFFICIAL USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Fees Received: \$ \_\_\_\_\_ C. # \_\_\_\_\_ Date Received: \_\_\_\_\_