## PERSONNEL LIST

Facility Name: 

Director: __________________________ Address: __________________________

Manager/Supervisor: __________________________

CLIA License #: __________________________

State License #: __________________________

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<th><strong>CERTIFICATION</strong></th>
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**CERTIFICATION**: MLT / MT (ASCP) (AMT) (NCA) (HEW) etc. or CT (ASCP) or HT (ASCP) etc.