



PERSONNEL LIST

Facility Name: _____

Director: _____ **Address:** _____

Manager/Supervisor: _____

CLIA License # _____

State License # _____

NAME	** CERTIFICATION	SHIFT	DATE HIRED	SURVEYOR COMMENT

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