

PLEASE RETURN THIS CHECK-LIST WITH YOUR APPLICATION

LABORATORY/PATHOLOGY CHECK-LIST

Enclosed, please find my completed application for appointment to Kern Health Systems.

I have enclosed the following CURRENT copies of:

| | YES | NO | If not enclosed, expected date |
|-----------------------------------|--------------------------|--------------------------|--------------------------------|
| 1) Clinical Laboratory License | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2) City Business License | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3) CLIA Certificate | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4) Current Professional Liability | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5) Current General Liability | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6) Completed Application | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Comments: _____

