

Company Name: _____

Date: _____

For faxing purposes, please fax to (707) 423-1979 or email: ngha.permits@solanocounty.com

HEALTH ASSESSMENT EVENT APPLICATION

A. Location where assessment is to be performed (complete a separate form for each additional location):

Name of Location: _____

Address: _____

Business Phone: () _____ Fax: () _____

City

County

Zip Code

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

Dates	Hours	Dates	Hours

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

C. Nondiagnostic test being conducted at this location:

(✓)	Test	Equipment Name	Manufacturer
<input type="checkbox"/>	Total Cholesterol		
<input type="checkbox"/>	High Density Lipoprotein (HDL)		
<input type="checkbox"/>	Triglycerides		
<input type="checkbox"/>	Blood Glucose		
<input type="checkbox"/>	Hemoglobin A1c		
<input type="checkbox"/>	Hemoglobin screening for anemia		
<input type="checkbox"/>	Dipstick Urinalysis		
<input type="checkbox"/>	Urine Pregnancy		
<input type="checkbox"/>	Fecal Occult Blood		
<input type="checkbox"/>			
<input type="checkbox"/>			

D. List all personnel who will be present at this location (attach additional sheets if necessary):

Name	License or Certificate #	Expiration Date	(✓) Authorized to perform skin puncture	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Note: Applications will not be processed without documentation of license or certificate for each individual checked "Yes" above.
All licenses, certificates and registrations of employees and your organization must be current and in compliance with CLIA regulations for event approval.

For NGHHA Office Use Only:

Approved / Not Approved

Date application received: _____

Date license issued: _____

Date Fee Submitted: _____

License No.: _____

Check No.: _____