Company Name: _____ **Date:** _____

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

HEALTH ASSESSMENT EVENT: PERMIT APPLICATION

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

Name of Location: _____

Address: _____

_____

City County Zip Code

Business Phone: ( ) _____ Fax: ( ) _____

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 NGHA 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
☐	Total Cholesterol		
☐	High Density Lipoprotein (HDL)		
☐	Triglycerides		
☐	Blood Glucose		
☐	Hemoglobin A1c		
☐	Hemoglobin screening for anemia		
☐	Dipstick Urinalysis		
☐	Urine Pregnancy		
☐	Fecal Occult Blood		
☐			

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
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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 NGHA Office Use Only:

Approved/ Not Approved Date Permit Issued: _____ Permit start date: _____ Permit No: _____

Date application received: _____ Date Fee Submitted: _____ Permit expiration date: _____ Check No: _____