



Colorado Medical Assistance Program

Clinical Laboratory Improvement Amendments Update Form

Provider Name: _____

TID/EIN/SSN #: _____

Provider ID: _____

Laboratory Director: _____

Contact Name: _____

Contact Telephone #: _____

Lab Location: _____

Street Address (Include Suite # if applicable)

City, State and Zip Code

Laboratory testing services providers are required to keep CLIA information current. Enter your *current* CLIA registration number(s). Attach a photocopy of your CLIA certificate that indicates the effective date and the expiration date for changes to all current and new CLIA numbers. (Attach additional pages if necessary.)

CLIA Registration Information

I want to update the information for the CLIA number(s) listed below.

Change Addition

CLIA Number	Certification Type	Effective Date	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____

Date: _____

Only one provider may be updated per form.
Please mail to: Provider Enrollment, PO Box 1100, Denver, CO 80201-1100.
Please allow 10 calendar days from date of mailing to process your update.