

CLDS Laboratory Director Roles and Responsibilities Acknowledgement

In being appointed Laboratory Director for:

[Name of facility(ies)]

I, Dr. _____

confirm that I am a clinical laboratory doctoral scientist (CLDS) in good standing and a registered fellow with _____

I acknowledge, as per CPSA standard G.1.2.3 and Appendix A.1, that I must identify a CPSA regulated member who is licensed to practice medicine in Alberta, will have medical oversight of the laboratory facility and the appropriate credentials and content knowledge.

(Signature)

(Date)

The following section is to be completed by the CPSA regulated member:

The following individual will have accountability for the medical oversight of the laboratory(ies) named above:

Name and credentials: _____

Contact information: _____

In signing this document, I accept responsibility for the medical oversight of this laboratory facility and I am aware of my role.

Signature of CPSA regulated member: _____

Date: _____