



**State of Connecticut
Department of Public Health**

**REGULATORY SERVICES BRANCH
ENVIRONMENTAL HEALTH SECTION
ENVIRONMENTAL LABORATORY CERTIFICATION PROGRAM**

SUBJECT: APPLICATION FOR APPROVAL OF ENVIRONMENTAL LABORATORY DIRECTORS

TO: PROSPECTIVE ENVIRONMENTAL LABORATORY DIRECTORS

**RETURN TO: ENVIRONMENTAL LABORATORY CERTIFICATION PROGRAM (ELCP)
(See Page 2 for address)**

Section 19-a-36-A62 of the Connecticut Public Health Code requires that individuals directing approved environmental laboratories meet the educational and experience requirements of this department.

The following are the minimum requirements that must be met by those individuals who are to direct an approved environmental laboratory:

**DIRECTOR OF LABORATORY PERFORMING TESTS ON
DRINKING WATER, NON-POTABLE WATER/WASTE WATER, SOLID WASTE, SEWAGE, SOIL, AIR, ETC.**

Education: Bachelor's degree from an accredited institution and a minimum of eight semester credit hours in microbiology (if bacteriology is to be performed) and eight semester hours in chemistry (if chemical analyses are to be performed).

Education must be documented by official transcripts sent directly from the institution to the designated individual at the State of Connecticut, Department of Public Health, Bureau of Regulatory Services.

Experience: Directors for microbiology require a minimum of one years experience in environmental microbiology, directors for chemistry require a minimum of one years experience in environmental chemistry, and directors for radiochemistry require a minimum one years experience in environmental radiochemistry. Experience in these areas may be gained concurrently.

Work experience must be documented in the form of written letters from former (and/or present) employers stating the specific experience acquired and the time periods worked.

**State of Connecticut
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DIRECTOR OF ASBESTOS TESTING LABORATORY

Education: Bachelor's degree in geology from an accredited institution, or a Bachelor's degree plus specialized asbestos training (NIOSH 582, Bulk Sample Analysis: PLM training, etc.) or accreditation as a Certified Industrial Hygienist (CIH).

Education must be documented by official transcripts sent directly from the institution to the designated individual at the State of Connecticut, Department of Public Health, Bureau of Regulatory Services.

Experience: A minimum of one year's pertinent experience in asbestos analysis. Experience may be gained concurrently.

Work experience must be documented in the form of written letters from former (and/or present) employers stating the specific experience acquired and the time periods worked.

Mail Completed Application and Supporting Documentation To:

**Connecticut Department of Public Health
Environmental Laboratory Certification Program
Environmental Health Section
410 Capitol Avenue, MS #11LAB
P.O. Box 340308
Hartford, CT 06134-0308**

For Overnight Mail, Send To:

**Connecticut Department of Public Health
Environmental Laboratory Certification Program
Environmental Health Section
410 Capitol Avenue, MS #11LAB
Hartford, CT 06134-0308**

Telephone: (860) 509-7389

FAX : (860) 509-7295

<http://www.ct.gov/dph/environmentallabs>

**State of Connecticut
Department of Public Health**

ENVIRONMENTAL LABORATORY DIRECTOR APPLICATION

LAST NAME _____

FIRST NAME _____

MAIDEN NAME _____

MAILING ADDRESS _____

LABORATORY NAME _____

TELEPHONE NUMBER _____

FAX # _____ **E-MAIL ADDRESS** _____

EDUCATION

UNIVERSITY	ADDRESS	DATES ATTENDED	DEGREE CONFERRED	MAJOR

NOTE: Official copies of pertinent academic transcripts must be received by this office before application can be processed.

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TYPE OF LABORATORY (Please check those that apply)

- Asbestos
- Potable Water
- Solid Waste/Soil
- Wastewater
- Air Contaminants (For Informational Purposes Only)

TEST CATEGORIES TO BE PERFORMED (Please check those that apply)

- Asbestos (Bulk, Air, Water)
- Microbiology
- Inorganic Chemicals
- Organic Chemicals
- Radiochemicals

I, the undersigned, do hereby certify that the information provided in this application is to the best of my knowledge complete and accurate.

Applicant's Signature

Date Signed

Please type or print below the mailing address to which you wish all correspondence concerning this application be directed.

Street and Number

Town, State, and Zip Code