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
Department of Public Health

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
Facility Licensing & Investigations Section,
MS# 11 LAB 410 Capitol Avenue,
P.O. Box 340308
Hartford, Connecticut 06134-0308

For Overnight Mail, Send To:

Connecticut Department of Public Health
Environmental Laboratory Certification Program
Facility Licensing & Investigations Section,
MS# 11 LAB
410 Capitol Avenue Hartford, CT 06106

Telephone: (860) 509-7389
State of Connecticut  
Department of Public Health  
http://www.ct.gov/dph/site/default.asp  
(Click on Environmental Health, then Environmental Laboratories)

ENVIRONMENTAL LABORATORY DIRECTOR APPLICATION

LAST NAME ____________________________________________________________

FIRST NAME ____________________________________________________________

MAIDEN NAME __________________________________________________________

MAILING ADDRESS _______________________________________________________

LABORATORY NAME ______________________________________________________

TELEPHONE NUMBER _____________________________________________________

FAX # ___________________________________  E-MAIL ADDRESS _______________________

EDUCATION

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<th>ADDRESS</th>
<th>DATES ATTENDED</th>
<th>DEGREE CONFERRED</th>
<th>MAJOR</th>
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NOTE: Official copies of pertinent academic transcripts must be received by this office before application can be processed.
Experience: List only those positions, which indicate your ability to perform and supervise laboratory work. List most recent first; attach extra sheet, if necessary.

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<th>Name and Address of Laboratory</th>
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Name of Director or Supervisor

Your Title

Description of Duties (be specific)
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Your Title

Description of Duties (be specific)
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Application for Approval of Environmental Laboratory Director
State of Connecticut  
Department of Public Health

Experience:

Name and Address of Laboratory | Dates
---------------------------------|----
From | To

Name of Director or Supervisor

Your Title

Description of Duties (be specific)

Experience:

Name and address of Laboratory | Date
---------------------------------|----
From | To

Name of Director or Supervisor

Your Title

Description of Duties (be specific)
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