



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 6, 2016

Biologix Solutions LLC
c/o Alpesh Patel
1201 Alison Ln.
Darien, IL 60561

Dear Infection Control Training Provider:

Your application to continue as an Infection Control Training Provider has been received and reviewed by this office. Your request has been approved.

Your new provider number is TP02080. This number is exclusive to your program and may not be used in any other capacity. This approval will expire six (6) years from the date of this letter, at which time you should reapply for providership. Your training providership is authorized for the following:

Target Audience

Physicians <input checked="" type="checkbox"/>	Podiatrists <input checked="" type="checkbox"/>	Dentists <input checked="" type="checkbox"/>
Registered Physician Assistants <input checked="" type="checkbox"/>	Registered Nurses <input checked="" type="checkbox"/>	Dental Hygienists <input checked="" type="checkbox"/>
Specialist Assistants <input checked="" type="checkbox"/>	Licensed Practical Nurses <input checked="" type="checkbox"/>	Optometrists <input checked="" type="checkbox"/>

Eligible Groups

Employees Credentialed/Affiliated Professionals Community-based Providers

Should any of the information regarding your providership change over the course of the next six (6) years, please submit the changes in writing to this office at the following address with your provider number clearly displayed in the document. This information will be kept to update our files and directory on a regular basis.

**New York State Department of Health
PO Box 2051
Empire State Plaza
Albany, New York 12220-0051
(518) 474-1142**

Sincerely,

Ernest J. Clement, RN, MSN, CIC
Infection Preventionist
New York State Department of Health
Bureau of Healthcare Associated Infections