

NCSLPH Workshop Application

Date Application Received: _____

Accept Reject

Cancelled NS

State Lab Use Only

****Please complete one application per applicant****

Name of Applicant _____
(Please **PRINT** name **LEGIBLY** for continuing education certificate)

ID Number _____
(Completed only by State Lab)

Workshop Title: See workshop bulletin for titles (*one workshop per application*) _____

Date of Workshop (Please write the date of workshop you wish to attend) _____

****Note: Refer to Workshop Announcement and/or Training Bulletin for Information Concerning Workshop Fees ****

FOR CLINICAL WORKSHOPS ONLY

Attended "Microscopy Viewing and Reviewing" Workshop Yes No

Date Attended: _____ / _____

Business Mailing Address (*must be completed*)

Organization/Facility _____

Street or Box Number _____

City _____ State _____ Zip _____ Courier# _____

Phone # Business : (_____) _____ Ext. _____ /Fax (_____) _____

E-Mail address (Business) _____

Certification/Licensure

Clinical: MT/MLT RN/LPN/FNP MOA Other _____

Environmental: Operator Chemist Lab Tech Other _____

Highest Education Degree Awarded: _____ Job Title: _____

Job Duties (as related to the class applied for) _____

Signature of Applicant

Signature of Applicant's Supervisor

Circumstances may limit acceptance to one person per lab. If two or more apply, Supervisor must indicate 1st, 2nd, etc. choice for acceptance _____

MAIL OR FAX COMPLETED APPLICATION TO:

Laboratory Improvement Section
PO Box 28047
Raleigh, NC 27611-8047
PH: 919-733-7186

FAX: 919-715-9243