NCSLPH Workshop Application

**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 NCSLPH website 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:_____/_____

If answered “NO” above, the following pre-requisite must be met to attend workshops other than Basic Microscopy and Methods in the Diagnosis of Gonorrhea:

1. Previous microscopic laboratory experience.
2. Current weekly usage of a microscope.
3. Admittance to the workshop accepted at the discretion of the workshop director.

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)_________________________________________________________________

________________________________________________allel__________________________

Signature of Applicant

Signature of Applicant's Supervisor

MAIL OR FAX COMPLETED APPLICATION TO:

Laboratory Improvement Section

PO Box 28047

Raleigh, NC 27611-8047

PH: 919-733-7186 FAX: 919-715-9243

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