

# NCSLPH Workshop Application

Date Application Received:

Accept  Reject

Cancelled  NS

State Lab Use Only

**\*\*Please complete a separate application for each applicant and for each workshop.\*\***

Name of Applicant \_\_\_\_\_  
(Please **PRINT** full name **LEGIBLY** for continuing education certificate)

Workshop Title: (See NCSLPH website) \_\_\_\_\_

Date of Workshop: (See NCSLPH website) \_\_\_\_\_

**\*\*Note: Refer to "Training Workshops" on NCSLPH website for descriptions, dates and deadlines. \*\***

## 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.**

Organization/Facility \_\_\_\_\_

Street or Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Courier# \_\_\_\_\_

Phone # (work) : (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

**(Please ensure the e-mail addresses below are accurate and legible.)**

Supervisor E-Mail address \_\_\_\_\_

Applicant E-Mail Address \_\_\_\_\_

### Certification/Licensure

Clinical:  MT/MLT  RN/LPN/FNP  MOA  Other \_\_\_\_\_

Chemist  Lab Tech  Other \_\_\_\_\_

Job Duties (as related to the workshop applied for) \_\_\_\_\_

### Signature of Applicant

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

### Signature of Applicant's Supervisor

**MAIL OR FAX COMPLETED APPLICATION AND CHECKS TO:**  
Laboratory Improvement Unit  
PO Box 28047  
Raleigh, NC 27611-8047  
PH: 919-733-7186 FAX: 919-715-9243