

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-requisites must be met to attend clinical workshops other than **Microscopy: Viewing and Reviewing**.

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