

NCSLPH Workshop Application Environmental Courses

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

Name of Applicant _____ ID Number _____
(Please **PRINT** name **LEGIBLY** for continuing education certificate) (Completed only by State Lab)

Workshop Title: **Bacteriological Methods for Drinking Water** (Short course)

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 ****

Business Mailing Address (must be completed)

Organization/Facility _____

Street or Box Number _____

City _____ State _____ Zip _____ Courier# _____

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

Supervisor E-Mail address (Business) _____

Applicant 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 _____

FAX, SCAN OR MAIL COMPLETED APPLICATION and CHECK OR CREDIT CARD PAYMENT OF \$150.00 TO:

Heather Cagle – NCWOA Administrator
PO Box 5466
High Point, NC 27262
PH: 252-764-2094
FAX: 252-764-2095
Email: heather@ncwoa.com

NOTE: Credit card charges will not be processed until after the class entry deadline which is 1 month prior to the class.

By CC: ___ Visa, ___ MC, ___ Am Ex, ___ Discover
Name on Card: _____
CC#: _____
Expiration Date: ___ Mo, ___ Year, CSC# _____
Cardholder Email: _____
Cardholder Signature: _____