

# 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)  *Process Control Chemistry*   
*Bacteriological Methods for Drinking Water* (Long 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 1<sup>st</sup>, 2<sup>nd</sup>, etc. choice for acceptance \_\_\_\_\_

**FAX, SCAN OR MAIL COMPLETED APPLICATION and CHECK OR CREDIT CARD PAYMENT OF \$120.00 TO:**

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