

# Packaging and Shipping Workshop Application

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

Date Application Received: _____	
Accept <input type="checkbox"/>	Reject <input type="checkbox"/>
Cancelled <input type="checkbox"/>	NS <input type="checkbox"/>
<b>State Lab Use Only</b>	

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

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

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

<p><b>**Please circle whether you are taking this course for:</b></p> <p>INITIAL CERTIFICATION</p> <p>RECERTIFICATION (Date of initial certification ) _____</p>
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Organization/Facility \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties (as related to the workshop 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 \_\_\_\_\_

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