

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

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 AND CHECKSTO:
Laboratory Improvement Unit
PO Box 28047
Raleigh, NC 27611-8047
PH: 919-733-7186 FAX: 919-715-9243

NCSLPH

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