NCSLPH Workshop Application Environmental Courses

Please complete one application per applicant

Name of Applicant(Please PRINT name LEGIBLY for continu	ing education certificate) ID Number (Completed only by State Lab)
Workshop Title: Bacteriological Methods for Drinking	
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	
CityState	ZipCourier#_
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: UOperator UChemist ULab Tech UOther	
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 acceptance	. If two or more apply, supervisor must indicate 1 st , 2 nd , etc. choice for
	and CHECK OR CREDIT CARD PAYMENT OF \$100.00 TO:
Heather Cagle – NCWOA Administrator PO Box 5466	By CC:Visa,MC,Am Ex,Discover
High Point, NC 27262 PH: 252-764-2094	Name on Card:
FAX: 252-764-2095 Email: heather@ncwoa.com	CC#:
NOTE: Credit card charges will not be processed until	Expiration Date:Mo,Year, CSC#
after the class entry deadline which is 1 month prior to the class.	Billing Zip Code:
	Cardholder Email: