

# NCSLPH Phlebotomy Refresher and Critical Thinking Workshop Application

**\*\*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)* \_\_\_\_\_ Workshop Date: \_\_\_\_\_

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

<b>Certified Phlebotomist</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Certified: _____ / _____
<p><b><u>If answered "NO" above, one of the following pre-requisites must be met to attend Phlebotomy Refresher and Critical Thinking Workshop:</u></b></p> <p>1. Currently performing phlebotomy: Supervisor/Manager name: _____ Phone number: _____</p> <p>2. Proof of phlebotomy training within the last 5 years: Organization: _____ Date completed: _____</p> <p>3. Completion of Phlebotomy and Bloodborne Pathogens Training through DPH, Communicable Disease Branch within the last 5 years. Date completed: _____</p> <p>4. Certified Medical Assistant: Credentials: _____</p> <p>5. Nurse, MD, PA, NP, EMT, or Paramedic: Credentials: _____</p> <p><b>Admittance to the workshop accepted at the discretion of the workshop director.</b></p>		

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                     PBT  
                   Chemist         Lab Tech             Other \_\_\_\_\_

Job Duties (as related to the workshop applied for) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Applicant's Supervisor**

<p>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. _____</p>	<p><b>MAIL OR FAX COMPLETED APPLICATION AND CHECKS TO:</b>                  North Carolina State Laboratory of Public Health                  Attn: Laboratory Improvement Unit                  1918 Mail Service Center                  Raleigh, NC 27699-1918                  Ph: 919-733-7186 Fax: 919-715-9243</p>
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