Packaging and Shipping 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*)

Date/Location of Workshop: *(See NCSLPH website)* _____

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

**Please circle whether you are taking this course for:

INITIAL CERTIFICATION

RECERTIFICATION (Date of initial certification) _____

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** ☐**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 AND CHECKS TO:** 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