

# 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 previous 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 1<sup>st</sup>, 2<sup>nd</sup>, etc. choice for acceptance.  
\_\_\_\_\_

**For virtual workshops, EMAIL completed application to [kristi.jenkins@dhhs.nc.gov](mailto:kristi.jenkins@dhhs.nc.gov).  
For in-person workshops, EMAIL completed application to [michelle.rufus@dhhs.nc.gov](mailto:michelle.rufus@dhhs.nc.gov) or FAX to 919-715-9243 ATTN: Laboratory Improvement Unit.**