NCSLPH Workshop Application

****Please complete a separate application for each applicant and for each workshop. ****

This workshop application is used for: Microscopy: Viewing and Reviewing/Examination of a Vaginal Wet Mount, Evaluation of a Stat Male Smear, ad Lab Methods in the Diagnosis of Gonorrhea

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. ****

For Evaluation of a Stat Male Smear and Lab Methods in the Diagnosis of Gonorrhea Workshops ONLY
Microscopy workshop is a pre-requisite for Evaluation of a Stat Male Smear and Lab Methods in the Diagnosis of Gonorrhea workshops. **Did you attend Microscopy workshop:** ☐ Yes ☐ No **Date attended**_____ (If no, please register for an upcoming Microscopy workshop)

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 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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health
State Laboratory of Public Health