

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. ****

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

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 _____

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| Circumstances may limit acceptance to one person per lab. If two or more apply, supervisor must indicate 1 st , 2 nd , 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 |
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