

# 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, and Lab Methods in the Diagnosis of Gonorrhea

Name of Applicant: \_\_\_\_\_  
*(Please PRINT full name LEGIBLY for continuing education certificate)*

Workshop Title: (See NCSLPH website) \_\_\_\_\_

Date of Workshop: (See NCSLPH website) \_\_\_\_\_

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

<b>For Evaluation of a Stat Male Smear and Lab Methods in the Diagnosis of Gonorrhea Workshops ONLY</b>
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 1 <sup>st</sup> , 2 <sup>nd</sup> , etc. choice for acceptance. _____	<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
--	--

