

# NCSLPH Workshop Application Environmental Courses

**\*\*Please complete one application per applicant\*\***

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

**ID Number:** \_\_\_\_\_  
(Completed only by State Lab)

Workshop Title:            **Bacteriological Methods for Drinking Water (Short course)**            **Process Control Chemistry**  
   **Bacteriological Methods for Drinking Water (Long course)**

Date of Workshop (Please write the date of workshop you wish to attend) \_\_\_\_\_

**\*\*Note: Refer to Workshop Announcement and/or Training Bulletin for Information Concerning Workshop Fees**  
**\*\* Business Mailing Address (must be completed)**

Organization/Facility \_\_\_\_\_

Street or Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Courier# \_\_\_\_\_

Phone # Business : (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ /Fax (\_\_\_\_) \_\_\_\_\_

E-Mail address: (Business) \_\_\_\_\_

**Certification/Licensure**

Clinical:            **MT/MLT**            **RN/LPN/FNP**            **MOA**            Other \_\_\_\_\_

Environmental:    **Operator**            **Chemist**            **Lab Tech**            Other \_\_\_\_\_

Highest Education Degree Awarded: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties (as related to the class 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 \_\_\_\_\_

**FAX, SCAN OR MAIL COMPLETED APPLICATION and CHECK OR CREDIT CARD PAYMENT OF \$120.00 to:**

Heather Cagle – NCWOA Administrator

PO Box 5466  
High Point, NC 27262  
PH: 252-764-2094  
FAX: 252-764-2095  
Email: [heather@ncwoa.com](mailto:heather@ncwoa.com)

NOTE: Credit card charges will not be processed until after the class entry deadline which is 1 month prior to the class.

By CC:	Visa	MC	Am EX	Discover
Name on Card:				
CC#:				
Expiration Date:	Mo	Year	CSC#	
Cardholder Signature:				
Cardholder Email:				

