NCSLPH Workshop Application
Environmental Courses

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

Name of Applicant_____ **ID Number**_____
(P*lease* ***PRINT*** *name* ***LEGIBLY*** *for continuing education certificate*) (*Completed only by State Lab)*

Workshop Title: ***Bacteriological Methods for Drinking Water*** **(Short 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** (_____) _____

Supervisor E-Mail address (Business) _____

Applicant 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 1st, 2nd, etc. choice for acceptance _____

FAX, SCAN OR MAIL COMPLETED APPLICATION and CHECK OR CREDIT CARD PAYMENT OF $150.00 TO:

Heather Cagle – NCWOA Administrator
PO Box 5466
High Point, NC 27262
PH: 252-764-2094
FAX: 252-764-2095
Email: heather@ncwoa.com

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# _____

Billing Zip Code: _____

Cardholder Email: _____

Cardholder Signature: _____