



INSTRUCTIONS

Should only be completed for non-supervisory level personnel (i.e., analyst, technicians, technologist, chemist, biologist, etc.) in the Laboratory. For supervisory level personnel, see the [SLP Registration Form](#).

Submit hard copy with lab's application or Email: mde.labcertification@maryland.gov

EMPLOYEE INFORMATION

Personnel

Name: _____
(Last) (First) (Middle)

Position Title: _____ **Position Start Date:** _____

Is the position Full Time? Yes No

Areas of Expertise? (check all that apply)

- Organic Chem
- Inorganic Chem
- Radio Chem
- Microbiology

Present Laboratory: (provide information below)

Laboratory Name: _____
Director's Name: _____
Director's Email: _____

EDUCATION

Have you earned your High School Diploma? Yes No

| College or University Attended | Major and Minor (major/minor) | Dates Attended | | Degree Received |
|--------------------------------|----------------------------------|----------------|-----|-----------------|
| | | Began | End | |
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(If additional space is needed, please use table on the second page)

LABORATORY EXPERIENCE

| Name of Former Laboratory | Facility Location (city, state) | Dates of Employment | | Supervisor's Name |
|---------------------------|------------------------------------|---------------------|-----|-------------------|
| | | Began | End | |
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(If additional space is needed, please use table on the second page)



REQUIRED DOCUMENTATION

Provide copy of the following documentation listed below:

Transcript(s)

Copy of all transcripts for all partially and fully completed higher education classes. Official transcripts directly from Institutions can be sent to MDE-Water Supply Program at the address provided in footer of the form. Copy of unofficial transcripts will also be accepted.

ATTESTATION

I certify that the information contained herein is true, accurate and completed to the best of my knowledge and belief.

_____ (Name of Personnel)

_____ (Signature of Personnel)

_____ (Date)

_____ (Name of Lab Director)

_____ (Signature of Lab Director)

_____ (Date)

ADDITIONAL SPACE FOR EDUCATION & LAB EXPERIENCE

| College or University Attended | Major and Minor <i>(major/minor)</i> | Dates Attended | | Degree Received |
|--------------------------------|---|----------------|-----|-----------------|
| | | Began | End | |
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| Name of Former Laboratory | Facility Location <i>(city, state)</i> | Dates of Employment | | Supervisor's Name |
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