

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRATION OF LABORATORY PERSONNEL

Directors, Supervisors, Technologists, Chemists, Analysts, and Technicians

NOTE: IF AN ACADEMIC DEGREE OR CREDITS ARE CLAIMED, PLEASE ATTACH A COPY OF YOUR TRANSCRIPT.

EMPLOYEE INFORMATION:

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

Position Title: _____ Start Date at Lab: _____

Years of laboratory experience: _____ Areas of expertise: Organics Inorganics
 Micro Rad chem

Current position: Full Time Part Time

LABORATORY INFORMATION:

Name: _____ Director's Name _____
Address: _____ Telephone Number: _____

EDUCATION: (Use Attachments if Necessary - Detailed Curriculum Vitae required for Directors and Supervisors)

High School Diploma: Yes No (Check one)

COLLEGE OR UNIVERSITY:

Name and Address Campus Major Minor Dates Attended Degrees or Credit Rec'd

<u>Name and Address</u>	<u>Campus</u>	<u>Major</u>	<u>Minor</u>	<u>Dates Attended</u>	<u>Degrees or Credit Rec'd</u>

Transcript(s) attached: Yes No

LABORATORY EXPERIENCE:

<u>Name and Location of Institution</u>	<u>Dates of Employment</u>	<u>Name of Supervisor</u>

(Use reverse side for additional information)

(Signature of Employee)

(Signature of Director)

(Date)

Please complete and return to: Maryland Department the Environment, Water Supply Program,
Attn: Ms. Linda Ames, 1800 Washington Blvd, Baltimore, MD 21230.