|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| **Course Announcement****Method Validation & Quality Control** **Regional Training of Trainers Workshop (*non-Teachback*)** |

 | **\\cdc.gov\private\M111\dbx4\Lab Support Team\Lab Management Training\SLMTA\Clearance\SLMTA 2.0 Logo\NEW_SLMTA_5.27.jpg** |

|  |
| --- |
| Surname (Family Name):  |
| Given Names:  |
| Dr./Mr./Mrs./Ms.:  | Gender:  |
| Address:  |
| Country:  |
| Work Telephone:  | Mobile:  |
| Email:  | Alternate Email:  |
| Employer:  | Job Title:  |

**Answer the questions below. Keep your reply within 5 lines or 5 bullet points.**

|  |
| --- |
| Please briefly describe your Quality Control and Method Validation experience and training. |
|  |
| Please briefly describe your plans to step this training down in your country. |
|  |
| **I will be sponsored by (please check one):**\_\_\_ CDC\_\_\_ Employer\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Financial Proof Letter or Email Attached:**\_\_\_ Yes\_\_\_ No |