ISO15189

**APPLICATION FORM**

**SLMTA 3: Illuminating the Path to ISO 15189 Accreditation**

**BEYOND THE STARS**

**IMPORTANT! Applications must be submitted in Word format, not scanned or PDF.**

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

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| --- |
| **Which SLMTA workshops have you attended?** |
| Check all that apply:\_\_\_\_\_\_ Did you attend a SLMTA TOT workshop? If yes, specify when and where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you attended a SLMTA 2 workshop? If yes, specify when and where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Describe your experience and accomplishments implementing SLMTA** |
| Specify any SLMTA training you have conducted and the laboratories you have mentored. |
| **I will be sponsored by (please check one):**\_\_\_ CDC\_\_\_ Employer\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Financial Proof Letter or Email Attached:**\_\_\_ Yes\_\_\_ No |

Please submit the application in Word format, not scanned or PDF document. Thank you.