

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: |

|  |
| --- |
| **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.