MARYLAND DEPARTMENT OF THE ENVIRONMENT

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) | (F) | (A. I. | A | |
|--|--|--|----------------------------|--|
| Position Title: | (First) (Middle) (Maiden Name) Start Date at Lab: | | | |
| Years of laboratory experience: | Areas of expertise: | ☐ Organics ☐ Micro | ☐ Inorganics | |
| Current position: Full Time | Part Time | | | |
| LABORATORY INFORMATION: | | | | |
| Name: | Director's Name | | | |
| Address: | Telephone | Telephone Number: | | |
| EDUCATION: (Use Attachments if Necessary | / - Detailed Curriculum Vitae i | required for Directors and S | upervisors) | |
| High School Diploma: Yes | ☐ No (Che | ck one) | | |
| COLLEGE OR UNIVERSITY: Name and Address Campus | <u>Major</u> <u>Mir</u> | nor <u>Dates Attended</u> | Degrees or Credit Rec'd | |
| | | | | |
| | | | | |
| | | | | |
| Transcript(s) attached: Yes No If No, p | please have institution send tr | anscript directly to this office | e at the address below. | |
| LABORATORY EXPERIENCE: | | | | |
| Name and Location of Facility | Dates of Employn | nent Name of Superv | Name of Supervisor | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| (Use | reverse side for additional inform | mation) | | |
| (Signature of Employee) | (Signature of Director) |) | (Date) | |

Please complete and return to: Maryland Department of the Environment, Water Supply Program,

Attn: Linda Ames, 1800 Washington Blvd., Suite 450,

Baltimore, MD 21230-1708.

Personnel registration 7/2013.doc