

### **INSTRUCTIONS**

Should be completed for all Supervisory Level Personnel - SLP (i.e., Director, Manager, Supervisor, etc.) in the Laboratory.

Submit hard copy with lab's application or Email: mde.labcertification@maryland.gov

(Last)	(First)	(Middle)
	Position Start	Date:
□ Yes	□ No	
y)	Present Laboratory: (provide inform	nation below)
Radio Chem	Laboratory Name:	
Microbiology	Director's Name:	
	Director's Email:	
	<ul> <li>Yes</li> <li>Yes</li> <li>Radio Chem</li> </ul>	Position Start Position Start Yes Present Laboratory: (provide inforr Radio Chem Laboratory Name: Director's Name:

#### **EDUCATION**

College or University Attended	Major and Minor (major/minor)	Dates Attended		Degree Received
conege of oniversity Attended		Began	End	Degree Received

(If additional space is needed, please use table on the second page)

# LABORATORY EXPERIENCE

Name of Former Laboratory	Facility Location	Dates of Employment		Supervicer's Name
Name of Former Laboratory	(city, state)	Began	End	Supervisor's Name

(If additional space is needed, please use table on the second page)



# **REQUIRED DOCUMENTATION**

#### Provide copy of the following documentation listed below:

Transcript(s)	Copy of all transcripts for all partially and fully completed higher education classes. Official transcripts directly from Institutions can be sent to MDE-Water Supply Program at the address provided in footer of the form. Copy of unofficial transcripts will also be accepted.
Curriculum Vitae	Detailed Curriculum Vitae for all SLP required, providing comprehensive listing of personnel's certifications, degrees, research experience, professional affiliations, awards, publications, etc.

#### **ATTESTATION**

*I certify that the information contained herein is true, accurate and completed to the best of my knowledge and belief.* 

(Name of SLP)

(Signature of SLP)

(Date)

# ADDITIONAL SPACE FOR EDUCATON & LAB EXPERIENCE

College or University Attended	Major and Minor	Dates Attended		Degree Received
Conege of Oniversity Attended	(major/minor)	Began	End	Degree Received

Name of Former Laboratory	Facility Location	Dates of Employment		Supervisor's Name
Name of Former Laboratory	(city, state)	Began	End	Supervisor's Name