



INSTRUCTIONS

Should only be completed for non-supervisory level personnel (i.e., analyst, technicians, technologist, chemist, biologist, etc.) in the Laboratory. For supervisory level personnel, see the [SLP Registration Form](#).

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

EMPLOYEE INFORMATION

Personnel

Name:

_____ (Last) _____ (First) _____ (Middle)

Position Title:

Position Start Date:

Is the position Full Time?

☐ Yes

☐ No

Areas of Expertise? (check all that apply)

Organic Chem

Radio Chem

Inorganic Chem

Microbiology

Present Laboratory: (provide information below)

Laboratory Name:

Director's Name:

Director's Email:

EDUCATION

Have you earned your High School Diploma?

Yes

No

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

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

LABORATORY EXPERIENCE

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

(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.

ATTESTATION

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

(Name of Personnel)

(Signature of Personnel)

(Date)

(Name of Lab Director)

(Signature of Lab Director)

(Date)

ADDITIONAL SPACE FOR EDUCATON & LAB EXPERIENCE

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

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