

Applicant Information

First Name:		Last Name:	
Social Security Number (required by FDNY)			
Email Address:			
Date of Birth (mm/dd/yyyy)		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Weight (pounds):		Height (ft./ins.):	_____/____
Applicant Mailing (Home) Address:		Phone:	
Street:		Apt No:	
City	State:	Zip Code:	
Borough: Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island <input type="checkbox"/> Outside NYC _____			
Work Address (Location where C14 COF holder will be working):			
Street: 160 Convent Avenue		Lab Room # _____	
City : New York		State: NY	Zip Code: 10031
Borough: Bronx Brooklyn Manhattan Queens Staten Island Outside NYC			
Applicant Education and Training Qualifications			
<i>(select the most appropriate choice and provide copy of license, degree, or other proof of qualifications)</i>			
<input type="checkbox"/> Clinical Laboratory Director license issued by the New York State Department of Health.			
<input type="checkbox"/> Doctor of Medicine (MD) OR Doctor of Dental Surgery (DDS)			
<input type="checkbox"/> Master's or Doctoral degree in Chemistry, Biology, Biochemistry, Environmental or Health Sciences,			
<input type="checkbox"/> Medical Technology, Chemical or Environmental Engineering, or related field.			
<input type="checkbox"/> Bachelor's degree in Chemistry, Biology, Biochemistry, Environmental or Health Sciences, Medical Technology, Chemical or Environmental Engineering, or related field AND two years of Post-baccalaureate experience in an operating chemical laboratory.			
Experience _____ Years _____ Months _____			
Signature:			
<i>The above information is true to the best of my knowledge</i>			
Applicant Name - Print (above)		Signature	Date
Supervisor Name - Print (above)		Signature	Date