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| **Applicant Information** |
| First Name: | Last Name: |
| Social Security Number (required by FDNY |
| Email Address: |
| Date of Birth (mm/dd/yyyy): | Gender: | Male ☐ Female ☐ |
| Weight (pounds): | Height (ft./ins.): |  /  |
| **Applicant Mailing (Home) Address:** |  | Phone: |
| Street: | Apt No: |
| City: | State: | Zip Code: |
| Borough: Bronx ☐Brooklyn☐ Manhattan ☐Queens ☐Staten Island ☐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** |  |  |
| ***(****select the most appropriate choice and provide copy of license, degree, or other proof of qualifications)* |
| *□ Clinical Laboratory Director license issued by the New York State Department of Health.* |
| *□ Doctor of Medicine (MD) OR Doctor of Dental Surgery (DDS)* |  |
| *□ Master's or Doctoral degree in Chemistry, Biology, Biochemistry, Environmental or Health Sciences,* |
| *□ Medical Technology, Chemical or Environmental Engineering, or related field.* |
| *□ 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:** |  |  |
| ***The above information is true to the best of my knowledge*** |  |
|  |  |  |
| **Applicant Name - Print (above) Signature Date** |
|  |  |  |
| ***Supervisor Name - Print (above) Signature Date*** |

AIP form 1/2016