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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