|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | |
| First Name: | | | Last Name: | | | | |
| Social Security Number (required by FDNY): | | | | | | | |
| Email: | | | Phone: | | | | |
| 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 | | | | Building: | | | Lab Room #: |
| City : New York | | | | State: NY | Zip Code: 10031 | | |
| Borough: Bronx Brooklyn ✔ Manhattan Queens Staten Island Outside NYC | | | | | | | |
| **Applicant Education and Training Qualifications:** | | | | | | | |
| *(please 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:***  *Months* | *Years* | *Months* | | | | | |
| ***Select Safety Training Completed:***  *Certificate of Fitness C-14 Fire Safety*  *OSHA Lab Safety Standards*  *Hazardous Waste Management* | | | | | | | |
| **Confirmation:** | | | | | | | |
| *I affirm that the above information is true and correct to the best of my knowledge* | | | | | | | |
| ***Applicant’s Name - Print (above) Signature Date*** | | | | | | | |
| ***Supervisor’s Name - Print (above) Signature Date*** | | | | | | | |

