

Applicant Information

First Name:		Last Name:	
Social Security Number (required by FDNY):			
Email:		Phone:	
Date of Birth (mm/dd/yyyy):		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Weight (pounds):		Height (ft. /ins.):	/

Applicant Mailing (Home) Address:

Street:		Apt No:	
City:	State:	Zip Code:	
Borough: <input type="checkbox"/> 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		Building:	Lab Room #:
City : New York		State: NY	Zip Code: 10031
Borough: Bronx Brooklyn <input checked="" type="checkbox"/> 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: _____ 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