MARYLAND DEPARTMENT OF THE ENVIRONMENT
REGISTRATION OF LABORATORY PERSONNEL
Directors, Supervisors, Technologists, Chemists, Analysts, and Technicians

NOTE: IF AN ACADEMIC DEGREE OR CREDITS ARE CLAIMED, PLEASE ATTACH A COPY OF YOUR TRANSCRIPT.

EMPLOYEE INFORMATION:
Name: ____________________________ ____________________________ ____________________________ ____________________________
(Last) (First) (Middle) (Maiden Name)
Position Title: ____________________________ Start Date at Lab: ____________________________
Years of laboratory experience: _______ Areas of expertise: □ Organics □ Inorganics
□ Micro □ Rad chem
Current position: Full Time □ Part Time □

LABORATORY INFORMATION:
Name: ____________________________ Director’s Name: ____________________________
Address: ____________________________ Telephone Number: ____________________________

EDUCATION: (Use Attachments if Necessary - Detailed Curriculum Vitae required for Directors and Supervisors)
High School Diploma: □ Yes □ No (Check one)

COLLEGE OR UNIVERSITY:
Name and Address: ____________________________ Campus: ____________________________
Major: ____________________________ Minor: ____________________________ Dates Attended: ____________________________
Degrees or Credit Rec’d: ____________________________

Transcript(s) attached: Yes □ No □ If No, please have institution send transcript directly to this office at the address below.

LABORATORY EXPERIENCE:
Name and Location of Facility: ____________________________ Dates of Employment: ____________________________
Name of Supervisor: ____________________________

(Use reverse side for additional information)

(Signature of Employee) (Signature of Director) (Date)


Personnel registration 7/2013.doc