



NRL SLH/SACCL TRAINING APPLICATION FORM

Application No.

Check type of training:

- HIV Proficiency Full Course
 HIV Proficiency Rapid Course
 HIV Proficiency Renewal
 Basic STI Workshop
 Others: _____

Passport Size Photo

I. PERSONAL INFORMATION

| | | | | |
|--|--------------------|--------------------------|--|------------------------|
| Surname, First name/s, Middle name: | | | | |
| Age: | Sex: | Date of Birth (mm/dd/yy) | | Place of Birth: |
| Citizenship: | Religion: | Civil status: | PRC License # <small>(Attach Photocopy)</small> | Place and date issued: |
| Home Address <i>(House No., Street, Barangay, Town, City/Prov, Zip Code)</i> : | | | | |
| Contact No. (home/mobile) | Contact No. (work) | | Email: | |
| Complete name and address of institution/agency (If any): | | | | |

II. EDUCATIONAL INFORMATION *(for NEW applicants ONLY)*

| Level | Name of school | Year graduated | Period of attendance | Degree course |
|--|----------------|----------------|----------------------|---------------|
| Elementary | | | | |
| Secondary | | | | |
| College | | | | |
| Graduate Studies | | | | |
| Trainings attended related to HIV/STIs <i>(Title and date of workshop/seminar)</i> : | | | | |

III. HIV PROFICIENCY INFORMATION *(for HIV Proficiency RENEWAL applicants ONLY)*

| | | | |
|------------------------|-----------------------|------------------------|---|
| HIV Proficiency No: | Date Issued: | Place Issued: | Conducted by: <input type="checkbox"/> SACCL <input type="checkbox"/> RITM |
| # of times of renewal: | Date of last renewal: | Place of last renewal: | Renewal conducted by: <input type="checkbox"/> SACCL <input type="checkbox"/> RITM |

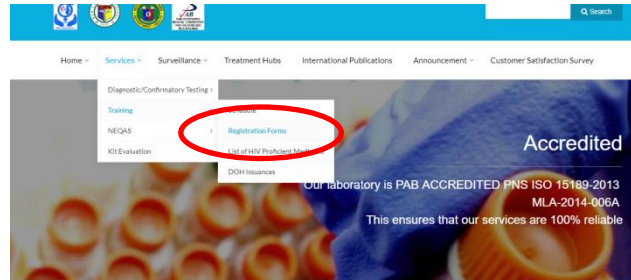
Date Filed: _____

 Printed Name and Signature of Participant



Procedure in Applying for NRL SLH/SACCL Training Workshops

1. Fill out training application form and check training type. Application forms are available for download at www.nrlslhsaccl.com.ph.



2. Prepare the following requirements together with the accomplished training application form.

For new applicants:

- Photocopy of PRC ID
- **Letter or endorsement** from pathologist or head of the agency certifying that the applicant is a practising medical technologist in the laboratory for at least 6 months **OR Letter of request** for training stating objective for attending the training.
- Photocopy of License to Operate (hospital, laboratory, blood bank, etc.) if applicable.

For HIV renewal applicants:

- Photocopy of PRC ID
- Photocopy of latest HIV Proficiency Certificate

3. Submit application forms and other document requirements to the NRL-SLH/SACCL office by hand carry or by courier to this address:

NRL-STD/AIDS Cooperative Central Laboratory
 Bldg 17, San Lazaro Hospital Compound
 Quiricada St., Sta. Cruz, Manila

4. Participants will be informed through SMS or email of his/her acceptance to the training course and will be instructed to pay a registration fee to the San Lazaro Hospital cashier. Acceptance will be on a first come, first served basis.

NRL SLH/SACCL training fees:

- | | |
|--|------------|
| • HIV Proficiency Full (7days) and Rapid Course (5 days) | P18,000.00 |
| • HIV Renewal Workshop (1 day) | P2,000.00 |
| • Basic STI Workshop (3 days) | P8,000.00 |

Payments can also be made through the San Lazaro Hospital Landbank account with the following details:

- Account Name: San Lazaro Hospital
- Account Number: 1432-1044-15

5. Check the date of training schedules at the NRL website.

For more inquiries, please contact the training coordinator/officers at the following numbers:
 Tel Nos: 310-9528/29, 3105786, 732-3776 Fax: 7114117 or email at nrlhivtraining@gmail.com