QUALIFIED TECHNCIAN EXAMINATIONS

Completion of Hours Form

Tab through the form to complete all fields

TO BE COMPLETED BY THE CANDIDATE **Candidate No:**

Title: Mr / Mrs / Ms / Miss / Dr

Surname: First name(s):

Organisation:

Laboratory / Department:

Examination Subject: Select from drop-down list below:

I have completed 2,000 hours practical experience to be eligible to be awarded a QMLT.

Signed:

Date:

TO BE COMPLETED BY THE, CHARGE SCIENTIST, LABORATORY OR TRAINING MANAGER or PATHOLOGIST

"I certify that the above candidate meets the requirements of 2,000 hours practical experience to be eligible to be awarded a QMLT.

Name: Designation:

Signed: Date:

Please complete this form and email to:
sharon@nzimls.org.nz

For office use only	Date Received	Comments
Logbook		