

DEA State and Local Forensic Chemists Seminar Application

Name: (PRINT NAME EXACTLY AS IT IS TO APPEAR ON CERTIFICATE)		Title:	
Employer:			
Your Office Mailing Address (include city, state and zipcode)			Length of Service
Business Telephone () -	Business Fax () -	Date of Application	
Email Address			
Education			
University	Degree	Major	
Please Check Which Techniques or Equipment Are Used in Your Lab			
Color Tests		UV	
Column Chromatography		IR	
Microcrystal tests		CE	
Thin Layer Chromatography		GC/MS	
GC		IR	
HPLC		Other(please specify)	
Indicate Analytical Problem(s) Nominee Would Like to Have Covered:			
Choice of Seminar Dates:			
1st Choice:		2nd Choice:	
Laboratory Chief/Director:			
Printed Name : _____		Signature: _____	
Title: _____		Date: _____	
Phone: _____			