

# QUALIFIED TECHNCIAN EXAMINATIONS

## Completion of Hours Form

Tab through the form to complete all fields

### TO BE COMPLETED BY THE CANDIDATE

Title: Mr / Mrs / Ms / Miss / Dr

Surname:

First name(s):

Organisation:

Laboratory / Department:

Examination Subject:

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
Candidate No:		