



# IPAN-SoTLAN CONFORMANCE SYSTEMS LTD.

(Persons' Certification Body as per ISO/IEC 17024:2012)

443, Herbert Macaulay Way, Yaba, Lagos, Nigeria  
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## APPLICATION FORM FOR RECERTIFICATION EXAMINATION

(To be completed in block letters or typewritten)

(i) Application form shall be returned with the following:

- Current Curriculum Vitae with details of CPD & analytical laboratory experience
- One recent passport photograph affixed in the provided box
- Photocopies of academic, professional, training and certification certificates

(ii) Claims made by applicants shall be investigated

(iii) All information provided shall be treated as confidential

Affix a Recent  
Passport  
Photograph  
Here

**NOTE:** This application form should be properly completed. Failure to disclose any material information may render it invalid. DULY COMPLETED FORM WITH EVIDENCE OF PAYMENT OF **NON-REFUNDABLE RECERTIFICATION APPLICATION FEE (₦ 5,000)** SHOULD BE SENT DIRECTLY TO: [applications@ipan-sotlancb.com](mailto:applications@ipan-sotlancb.com)

### CATEGORY OF CERTIFICATION (Please tick only one):

CERTIFIED Laboratory Analyst (CLA)

CERTIFIED Water Analyst (CWA)

CERTIFIED Environmental Analyst (CEA)

**1. NAME:**

Title: ..... Last Name: .....

First & Middle Names: .....

Date of Birth (dd/mm/yy): .....

**2. CONTACT ADDRESS (Postal number not acceptable):**

Office: .....

.....

Telephone & E-mail: .....

Residential: .....

.....



5. **CURRENT CERTIFICATION** (If you have any valid certification, complete this section & enclose a photocopy of your certificate):

Name of Certification Body: .....

Name of Certification: .....

Validity Period of Certification: .....

6. **REQUEST FOR SPECIAL ACCOMMODATION:**

If you require special accommodation due to a disability that may impair your ability to take the examination, IPAN-SoTLAN will endeavor to meet those special needs. Applicants must submit such request with applicable documentation and a letter from a physician along with this application.

7. **NON-DISCRIMINATION:**

It is the policy of IPAN-SoTLAN that it shall not discriminate among applicants based on age, sex, race, nationality, disability, marital status or professional affiliation.

8. **DECLARATION:**

I apply for recertification and I confirm that I understand and agree to the following conditions:

1. I read and I accept the terms and requirement of IPAN-SoTLAN Recertification for Laboratory Professionals.
2. I shall observe and abide by IPAN-SoTLAN Code of Conduct.
3. The details which are given in my application form can be published in the IPAN-SoTLAN registry.
4. I shall declare any information that may reasonably be considered to affect adversely my ability to perform effectively my obligations as IPAN-SoTLAN Certified Laboratory Professional.
5. I agree that I will keep all the information and documentation related to IPAN-SoTLAN recertification and examinations confidential and will not disclose it to anybody or anywhere.

I, the undersigned, certify that I am the above applicant; that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand and accept that, any omissions or misrepresentations may result in ineligibility for recertification or revocation of any certificate granted and immediately surrender such certificate to IPAN-SoTLAN. I also understand that once recertified, I am obliged to notify IPAN-SoTLAN without delay of any changes which, if declared when I made my recertification application, might have caused IPAN-SoTLAN to exclude me from the registry. I understand that the enclosed fee is non-refundable; I also consent to a thorough investigation of my application for the purpose of verification of my qualification for recertification. I also understand that by signing below I give IPAN-SoTLAN the authority to use and report this information and my test results. I waive all claims and agree to indemnify and hold harmless IPAN-SoTLAN for any action taken pursuant to the rules and standards of IPAN-SoTLAN with regards to my recertification application, IPAN-SoTLAN recertification examination(s) and/or my recertification.

Signature of Certified person: ..... Date: .....

**Non-refundable recertification application fee should be paid into:**  
Account Name: **IPAN-SOTLAN CONFORMANCE SYSTEMS LTD;**  
Account Number: **0337313753;**  
Bank Name: **GUARANTY TRUST BANK PLC.**