



IPAN-SoTLAN CONFORMANCE SYSTEMS LTD.

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

443, Herbert Macaulay Way, Yaba, Lagos, Nigeria
Tel: 0909 161 8615, 0818 490 4432; **www.ipan-sotlancb.com**; **E-mail:** info@ipan-sotlancb.com

APPLICATION FORM FOR CERTIFICATION EXAMINATION

(To be completed in block letters or typewritten)

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

- **Current Curriculum Vitae with details of 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 and returned it not later than one month after payment will render it invalid. DULY COMPLETED FORM WITH OTHER REQUIRED DOCUMENTS AND EVIDENCE OF PAYMENT SHOULD BE SENT DIRECTLY TO:

ipan.sotlanconformance@gmail.com, cc: info@ipan-sotlancb.com & application@ipan-sotlancb.com

WHICH CATEGORY EXAMINATION ARE YOU APPLYING FOR? *(Please tick only one):*

CERTIFIED Laboratory Analyst (CLA)

CERTIFIED Water Analyst (CWA)

CERTIFIED Environmental Analyst (CEA)

CERTIFIED Food Micronutrients Analyst (CFMA)

1. NAME:

Title: Sex:

Last Name:

First & Middle Names:

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. *However, all applicants must be able to personally take readings and measurements from laboratory apparatus and equipment and walk unaided within the laboratory work area without any attendant safety concerns.*

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 certification 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 Certification 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 certification 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 certification or revocation of any certificate granted and immediately surrender such certificate to IPAN-SoTLAN. I also understand that once certified, I am obliged to notify IPAN-SoTLAN without delay of any changes which, if declared when I made my initial 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 certification. 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 application, IPAN-SoTLAN examination(s) and/or my certification.

Signature of Applicant: **Date:**

Non-refundable Application fee (#5,000) and other applicable Exam fees should be paid into:

Account Name: IPAN-SOTLAN CONFORMANCE SYSTEMS LTD;

Account Number: 0337313753;

Bank Name: GUARANTEE TRUST BANK PLC.