

## Appendix 4: IPAN-SoTLAN Continuous Work Experience Report Form

<b>Name of Certified Person</b>	
<b>Certification Category</b>	
<b>Cert. No.</b>	

Please use the format below to fill your Work Experience Report Form providing details of your Core Duties and other related job done.

S/N	Date (from-to) <i>DD-MM-YY</i>	Job Title or Designation	Name of Organization	Brief Job Description

Note: Use additional pages as necessary and then describe in details, on a separate sheet, your laboratory and other related duties on each job; All information will be verified by IPAN-SoTLAN and giving false information may lead to revocation of your credential.

For IPAN-SoTLAN Certification purpose, "job" means "a position in which certified persons are/were regularly employed for a period of time" and a certified person may have had more than one job per employer, if he/she were promoted.

**Please provide information on two individuals that IPAN-SoTLAN can contact to verify your work experience and dates of employment:**

**1. Name:** .....

**Name of Organisation & Designation:** .....

**Contacts (Telephone & Email):** .....

**2. Name:** .....

**Name of Organisation & Designation:** .....

**Contacts (Telephone & Email):** .....

**Declaration:** I declare that all information provided above are accurate and in accordance with my *work experience* and dates of employment.

Name: ..... Sign & Submission date: .....