



IPAN-SoTLAN CONFORMANCE SYSTEMS LTD.

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

443, Herbert Macaulay Way, Yaba, Lagos, Nigeria
Tel: +234-909 161 8615; **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

<p><i>Affix a Recent Passport Photograph Here</i></p>

NOTE: This application form should be properly completed. Failure to disclose any material information may render it invalid. DULY COMPLETED FORM WITH OTHER REQUIRED DOCUMENTS AND EVIDENCE OF PAYMENT OF **NON-REFUNDABLE APPLICATION FEE (₦ 5,000)** SHOULD BE SCANNED (PDF) AS ONE DOCUMENT AND SENT (WITHIN 1 MONTH OF PAYMENT) DIRECTLY TO: applications@ipan-sotlancb.com

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

CERTIFIED Laboratory Analyst (CLA)

CERTIFIED Water Analyst (CWA)

CERTIFIED Environmental Analyst (CEA)

1. NAME:

Title: Sex:

Last Name:

First & Middle Names:

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

Office:

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Telephone & WhatsApp No.:

E-mail:

Residential:

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3. **EDUCATION AND PROFESSIONAL QUALIFICATIONS** (*Names of Tertiary Institutions attended with dates starting from the most recent*):

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4a. **ANALYTICAL LABORATORY EXPERIENCE** (*1. Attach your letters of employment and promotions along with detailed description of your laboratory job duties; 2. Please provide contact details of your Supervisor for verifying your core duties and dates of employment*):

Name of Organisation	Dates of Employment	Brief Job Description
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4b. **PRESENT POSITION/DESIGNATION:**

NAME OF ORGANISATION:

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4c. **SUPERVISOR'S NAME:**

SUPERVISOR'S CONTACTS (*Telephone & E-mail*):.....

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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 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 should be paid into:
Account Name: IPAN-SOTLAN CONFORMANCE SYSTEMS LTD;
Account Number: 0337313753;
Bank Name: GUARANTEE TRUST BANK PLC.