

**ATTACHMENT 2**



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH RELATED BOARDS  
METRO CENTER COMPLEX  
665 MAINSTREAM DR. 2<sup>ND</sup> FL  
NASHVILLE, TENNESSEE 37243**

**MEDICAL LABORATORY BOARD  
1-800-778-4123 EXT. 5325128 OR (615) 532-5128**

**APPLICANT: Complete this attachment: MAIL THIS FORM TO YOUR LABORATORY TRAINING PROGRAM DIRECTOR.**

FULL NAME: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

To Whom It May Concern:

Name of Program Director: \_\_\_\_\_  
Official Name and Address \_\_\_\_\_  
Of Training Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone number: ( ) \_\_\_\_\_

Was this program accredited at the time this student was in training? YES NO

Name of accrediting agency. \_\_\_\_\_

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date