



**County of Ulster  
Department of Health  
239 Golden Hill Drive  
Kingston, New York 12401**

Patrick K. Ryan, County Executive  
Carol Smith, MD, MS, MPH, Commissioner of Health and Mental Health

## Application for COVID-19 Test Administration Training

### Applicant Information

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*House City, State, ZIP*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School:** \_\_\_\_\_  
*School Name*

**School Address:** \_\_\_\_\_  
*City, State ZIP Code*

**License #.:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

**Contact at School:** \_\_\_\_\_

Contact Phone #

Contact Email:

Have you watched the training videos? YES  NO  If yes, when? \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For Office Use

**Date of Training:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Competency in Administering Test? YES  NO

**Trainer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Notified:** \_\_\_\_\_