

**STATE OF MARYLAND**  
**DEPARTMENT OF HEALTH**  
**LABORATORIES ADMINISTRATION**  
**APPLICATION FORM**

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THIS APPLICATION FORM IS TO BE USED BY INDIVIDUALS SEEKING CERTIFICATION AS A CHEMIST, CHEMICAL ANALYST, OR ANALYST TO PERFORM TESTS FOR CONTROLLED DANGEROUS SUBSTANCES.

A “certified Analyst” means a person qualified, as set forth in COMAR 10.10.09 and certified by MDH, to identify marijuana, marijuana products, or both.

A “certified Chemical Analyst” means a person qualified, as set forth in COMAR 10.10.09 and certified by MDH, to identify marijuana, marijuana products, or both, cocaine base, cocaine hydrochloride, and heroin.

A “certified Chemist” means a person qualified, as set forth in COMAR 10.10.09 and certified by MDH, to identify any or all controlled dangerous substances.

TO EXPEDITE THIS CERTIFICATION PROCESS PLEASE SEE THAT ALL APPLICABLE ITEMS IN THIS APPLICATION ARE PROPERLY ANSWERED AND ALL REQUESTED ATTACHMENTS ARE INCLUDED.

**THEN MAIL THE COMPLETED APPLICATION TO:**

Laboratories Administration, MDH  
Post Office Box 2355  
Baltimore, Maryland 21203

**OR RETURN THE COMPLETE APPLICATION TO:**

MDH  
Laboratories Administration  
1770 Ashland Avenue  
Baltimore, Maryland 21205

[PLEASE PRINT OR TYPE ALL INFORMATION]

1. Name: \_\_\_\_\_

First

Middle

Last

Work Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Telephone \_\_\_\_\_

2. I am applying for certification as a [CHECK ONLY ONE]:

- Chemist [IF CHECKED, COMPLETE ITEMS 3 THROUGH 10 & 16]
- Chemical Analyst [IF CHECKED, COMPLETE ITEMS 3 THROUGH 10 & 16]
- Analyst [IF CHECKED, COMPLETE ITEMS 10 THROUGH 15]

3. I possess a Bachelors (BA or BS) degree from an accredited college or university:

yes  no.

[IF YOU CHECK NO, YOU ARE NOT ELIGIBLE FOR CERTIFICATION AS A CHEMIST.]

4. My bachelor's degree was obtained in the following major field:

\_\_\_\_\_ Year degree was earned: \_\_\_\_\_

5. This degree was obtained from the following college or university:

\_\_\_\_\_

Dates attended: \_\_\_\_\_

Located at: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. I have attached a copy of an official transcript to verify completion of this degree:  Yes  No.  
[IF YOU CHECK NO, THIS CERTIFICATION PROCESS CANNOT BE COMPLETED].

7. I have completed the following course of training in specific procedures for the analysis of drugs:

Basic Training Program for Forensic Drug Chemists offered by the United States Dept. Of Justice, Drug Enforcement Administration;

Other training program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. I have attached a copy of the official certificate evidencing satisfactory completion of the training program checked in item 7, above:  Yes  No.

[IF YOU CHECK NO, THIS CERTIFICATION PROCESS CANNOT BE COMPLETED].

9. I am seeking certification as a Chemical Analyst or Chemist to identify the following drug(s) for which I have received training. [CHECK ALL THAT APPLY]

If Chemical Analyst:

Marijuana

Marijuana products

Cocaine base

Cocaine hydrochloride

Heroin

If Chemist:

- Marijuana
- Marijuana products
- Cocaine base
- Cocaine hydrochloride
- Heroin
- Other [BE SPECIFIC AND ADD ADDITIONAL SHEETS IF NECESSARY]

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10. I am currently employed by:

- State of Maryland Department of Health
- Maryland State Police
- Baltimore City Police Department
- A county police dept. Name of county:

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- A municipal police dept. Name of town:

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Employment status: Start date: \_\_\_\_\_

- Permanent  Contractual  Other \_\_\_\_\_

Employment Certification: I hereby certify that the individual submitting this application is employed by the police department indicated in this application:

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Printed name

Title

Signature

Date

11. I have completed the following course of training in the identification of marijuana and marijuana-based drugs:

Basic Training Program for Forensic Drug Chemists offered by the United States Dept. Of Justice, Drug Enforcement Administration;

Other training program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. I have attached a copy of the official certificate evidencing satisfactory completion of the course of training checked in item 11, above:  Yes or  No. [IF YOU CHECKED NO, THIS CERTIFICATION PROCESS CANNOT BE COMPLETED.]

13. I have attached a copy of the official document with the Director's Authorizing Signature for this individual to perform independent casework:  Yes or  No. [IF YOU CHECKED NO, THIS CERTIFICATION PROCESS CANNOT BE COMPLETED.]

14. I am seeking certification to perform the following tests for which I have received training to identify: marijuana or marijuana-based drugs [CHECK ALL THAT APPLY].

Marijuana

Marijuana products

15. I possess:

A high school diploma or its equivalent (please give name and address of high school):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Procedures used to analyze controlled dangerous substance(s):

- “Forensic Chemists and Analysts Training and Procedures Manual” (incorporated by reference in COMAR 10.10.09.04)
- Other drug identification procedures approved by the Department:

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I hereby affirm that this application contains no willful misrepresentations or falsifications and that this information given by me is true and completed to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and my name will be removed from any list of certified Chemists, Chemical Analysts, or Analysts maintained by the Department of Health. I am also aware that a false statement is punishable under law by fine, imprisonment, or both.

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DATE

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SIGNATURE OF APPLICANT