



McCrone Research Institute

A not-for-profit corporation
2820 S. Michigan Avenue, Chicago, IL 60616-3230
Phone: 312-842-7100 • Fax: 312-842-1078 • www.mcri.org

Application for Certification in Applied Chemical Microscopy

Name: _____

Affiliation: _____

Address: _____

City/Town _____ State/Province: _____

ZIP/Postal Code _____ Country _____

Telephone: _____ Fax: _____

Email: _____

Certification involves successful completion of the following:

1. Fulfilling the course requirements (see below).
2. Passing a comprehensive written examination. This exam can be taken at McCrone Research Institute at any time, or at other pre-arranged locations with a McCrone employee present (i.e. professional meetings).
3. Thorough microscopical characterization and documentation of an unknown sample as a proficiency test.

Complete certification details and requirements are available on our website, www.mcri.org.

Course Requirements (indicate course title and date taken, or estimate when you intend to take the course):

Primary Course: _____ Date: _____

Secondary Course: _____ Date: _____

Methods Course: _____ Date: _____

Sample Preparation or
Collateral Methods Course: _____ Date: _____

Advanced Course: _____ Date: _____

Elective Course: _____ Date: _____

Payment Method (check one)

Check or money order payable to *McCrone Research Institute*

VISA MasterCard American Express

Card No.: _____ Exp. Date: _____

Signature: _____ Date: _____

There is a \$500 fee for taking the written examination and a \$500 fee for the proficiency test. Please mail full payment of \$1,000 and this completed application form to: Sebastian Sparenga, McCrone Research Institute, 2820 S. Michigan Avenue, Chicago, IL 60616-3230. Phone: 312-842-7100, fax: 312-842-1078, email: ssparenga@mcri.org

Signature: _____ Date: _____