ASCP BOC | ASCP BOARD OF CERTIFICATION | ASCPi INTERNATIONAL®

## PART I (TO BE COMPLETED BY APPLICANT)

_____

Student's Name

_____

Name of Program

## PART II (MUST be completed and signed by Program Director in order to be acceptable. All eligible clinical training must be completed outside of the classroom setting as part of their internship, laboratory/industrial posting, clinical rotation, service or practicum.)

1.  **SUBJECT: VERIFICATION OF CLINICAL TRAINING FOR EXAMINATION ELIGIBILITY**
    Please check (✓) if the applicant has completed clinical training as part of their academic program. _____

2.  **DIRECTIONS:**
    Please check (✓) by each area in which this applicant has obtained clinical training as part of their academic program. (NOTE: It is the applicant's responsibility to ensure clinical training is documented in all **FOUR** areas as required for eligibility.)

    | | | | |
    |---|---|---|---|
    | Blood Banking (Immunohematology) | _____ | Microbiology | _____ |
    | Chemistry | _____ | Hematology | _____ |

    **LENGTH OF CLINICAL TRAINING PROGRAM: (IN MONTHS)** _____     **TYPE OF DEGREE** _____

    **DATE OF COMPLETION:**     Month _____     Day _____     Year _____

This is to document that the above named student has successfully completed the current minimum academic requirements for the Board of Certification International Technologist in Blood Banking examination as checked and listed above, and has completed a baccalaureate degree or equivalent by the examination date.

I verify that the named student is enrolled in a Medical Laboratory clinical training program at the institution mentioned below.

_____     _____

(Please Print) Program Director's Name          Title

_____     _____

Program Director Signature                      Date

_____     _____

Name of Program                                 Program Director's Email Address

_____     _____

Institution                                     Institution  Telephone  Number

_____

Institution  Address

**BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR. TRAINING DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE.**

See **www.ascp.org/boc/intl-documentation** for submission instructions.