

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	ASCP Customer ID #
Address	Email Address
City, State, Zip Code	Last Four Digits of Applicant's Social Security #

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Technologist in Chemistry examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

1. PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)

Date experience **started** in Chemistry: Month _____ Day _____ Year _____

Date experience **ended** in Chemistry: Month _____ Day _____ Year _____

How many hours per week in Chemistry? _____

2. DIRECTIONS: Please review the experience of this applicant. A technologist in chemistry must demonstrate proficiency in moderate and high complexity testing. Please place an **X** by each procedure that has been performed satisfactorily including pre-analytical, analytical and post-analytical phases of testing under your supervision by this applicant. (NOTE: Experience is required in **8** of the 15 procedures listed below.)

_____ Blood gases	_____ Heme compounds	_____ Point-of-care
_____ Carbohydrates	_____ Hormones/vitamins	_____ Proteins
_____ Electrolytes	_____ Immunochemistry	_____ Quality management
_____ Electrophoresis	_____ Lipids/lipoproteins	_____ Therapeutic drug monitoring
_____ Enzymes	_____ Non-protein nitrogen compounds	_____ Toxicology

3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE CHEMISTRY AREAS CHECKED ON THIS FORM.

(Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(s)	Title
Immediate Supervisor or Laboratory Management* Signature	Date
Telephone Number	Email Address
Institution	Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* WITH THIS EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

**Management is defined as someone in a management role who can verify technical experience.*

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