ASCP BOARD OF CERTIFICATION

TECHNOLOGIST IN MICROBIOLOGY

EXPERIENCE DOCUMENTATION FORM (Routes 2 & 4)

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 Microbiology 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 Microbiology: Month _____ Day _____ Year _____

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

   How many hours per week in Microbiology? _____

2. **DIRECTIONS:** Please review the experience of this applicant. A Technologist in Microbiology must demonstrate competency in moderate and high complexity testing. Please place an **X** by each area in which this applicant has demonstrated competency under your supervision by using **The Guidelines for Evaluating Experience of a Candidate for Technologist in Microbiology**. (NOTE: It is the applicant's responsibility to ensure experience is documented in **3** of the 6 areas listed below.)

   _____ Bacteriology
   _____ Molecular Microbiology
   _____ Mycology
   _____ Mycobacteriology
   _____ Parasitology
   _____ Virology

3. **BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE MICROBIOLOGY 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 _____

City, State _____ 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.

GUIDELINES FOR EVALUATING EXPERIENCE OF A CANDIDATE

TECHNOLOGIST IN MICROBIOLOGY

To qualify for certification as a Technologist in Microbiology, the applicant should be competent in **ALL** of the tests and procedures indicated in **3** of the 6 areas of experience listed below. The Technologist in Microbiology should have the equivalent microbiology knowledge of a graduate of an accredited Medical Laboratory Scientist program.

AREA OF EXPERIENCE	EXTENT OF EXPERIENCE
BACTERIOLOGY	• Specimen evaluation and processing • Microscopic examination of specimens • Media selection • Culture evaluation • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Antibiotic susceptibility testing • Instrument preventive maintenance and troubleshooting • Quality assurance / laboratory safety • Problem solving / troubleshooting
MOLECULAR MICROBIOLOGY	• Specimen evaluation and processing • Prevention of nucleic acid contamination • Nucleic acid extraction methods (manual and automated)* ** Competency may be demonstrated through performance, observation, or simulation.* • Manual and/or automated detection and identification methods • Instrument preventative maintenance and troubleshooting • Quality assurance / laboratory safety • Problem solving / troubleshooting
MYCOLOGY	• Specimen evaluation and processing • Microscopic examination of specimens • Media selection • Culture evaluation to include the recognition of yeasts and molds in bacteriology cultures • Manual, automated, and/or molecular methods for detection and identification of microorganisms* ** Competency may be demonstrated through performance, observation, or simulation.* • Instrument preventive maintenance and troubleshooting* ** Competency may be demonstrated through performance, observation, or simulation.* • Quality assurance / laboratory safety • Problem solving / troubleshooting

MYCOBACTERIOLOGY* **Competency may be demonstrated through performance, observation, or simulation.*	• Specimen evaluation and processing • Microscopic examination of specimens • Media selection • Culture evaluation • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Instrument preventive maintenance and troubleshooting • Quality assurance / laboratory safety • Problem solving / troubleshooting
PARASITOLOGY* **Competency may be demonstrated through performance, observation, or simulation.*	• Specimen evaluation and processing • Quality assurance / laboratory safety • Microscopic and macroscopic examination of specimens • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Problem solving / troubleshooting
VIROLOGY	• Specimen evaluation and processing • Quality assurance / laboratory safety • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Problem solving / troubleshooting