



**TRAINING DOCUMENTATION FORM
FOR STRUCTURED PROGRAMS
TECHNOLOGIST IN HEMATOLOGY
(Route 3)**

STUDENT'S NAME _____

LAST FOUR DIGITS OF STUDENT'S SOCIAL SECURITY NUMBER _____

NAME OF PROGRAM _____

Please indicate: _____ Quarter hours _____ Semester hours

	COURSE TITLE 30 semester hours (45 quarter hours)	CREDIT HOURS COMPLETED	CREDIT HOURS IN PROGRESS
BIOLOGY/CHEMISTRY:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Additional Comments: _____

LENGTH OF STRUCTURED PROGRAM: (in months) _____ **TYPE OF DEGREE:** _____

EXPECTED DATE OF COMPLETION: _____
(MONTH) (DAY) (YEAR)

DATE OF COMPLETION OF DEGREE REQUIREMENTS: _____
(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 Technologist in Hematology examination as checked and listed above, and has completed or will complete a baccalaureate degree by the examination date. I verify that the above named student is enrolled in a structured program in Hematology which is equivalent to the curriculum for Hematology in the NAACLS accredited Clinical Laboratory Scientist Program at the above named institution and that this student will successfully complete the structured program in Hematology prior to the examination date. I agree to notify the Board of Certification promptly if the student fails to complete any of the conditions stipulated above.

(Please Print) PROGRAM DIRECTOR NAME & CERTIFICATION(S)

TITLE

PROGRAM DIRECTOR SIGNATURE

DATE

NAME OF PROGRAM

SCHOOL IDENTIFICATION NUMBER

TELEPHONE NUMBER

E-MAIL ADDRESS

INSTITUTION

CITY

STATE

ZIP CODE

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.