INTERNATIONAL MEDICAL LABORATORY TECHNICIAN
WORK EXPERIENCE DOCUMENTATION FORM
(Route 3)

PART I ***(To be completed by Applicant)***

_____
Applicant's Name

_____ _____
Address Email Address

_____

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PART II (*MUST be completed and signed by Laboratory Management* or Employer in order to be acceptable)*

SUBJECT: Verification of Work Experience for Examination Eligibility

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

1. **Please complete:** **EMPLOYMENT** (including on-the-job training)

   Date employment **started**: Month _____ Day _____ Year _____

   Date employment **ended**: Month _____ Day _____ Year _____

   How many hours per week? _____ (average if necessary)

2. **Directions:** Please review the experience of this applicant. Please place an **X** by each area in which this applicant has demonstrated proficiency under your supervision. (NOTE: It is the applicant's responsibility to ensure experience is documented in all **FOUR** areas as required for eligibility.)

   Blood Banking (Immunohematology) _____ Microbiology _____

   Chemistry _____ Hematology _____

3. **By signing this form, I as Laboratory Management* or Employer verify that this applicant has performed satisfactorily in the areas checked on this form.**

_____ _____
(Please Print) LABORATORY MANAGEMENT* OR EMPLOYER NAME TITLE

_____ _____
LABORATORY MANAGEMENT* OR EMPLOYER SIGNATURE DATE

_____ _____
LABORATORY MANAGEMENT* OR EMPLOYER EMAIL ADDRESS INSTITUTION TELEPHONE NUMBER

_____
INSTITUTION

_____
INSTITUTION ADDRESS

_____

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR LABORATORY MANAGEMENT* OR EMPLOYER WITH THIS WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR LABORATORY MANAGEMENT* OR EMPLOYER. WORK EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE MAIL OR EMAIL THESE FORMS TO ASCP INTERNATIONAL.

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

BOC 5/2015

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