



**INTERNATIONAL MEDICAL  
LABORATORY SCIENTIST  
WORK EXPERIENCE DOCUMENTATION FORM  
(Route 2, 4 & 5)**

**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. All eligible work experience must be completed outside the United States, outlying U.S. territories and Canada.)**

**SUBJECT: Verification of Experience for Examination Eligibility**

This individual, identified above, has applied for the Board of Certification International Medical Laboratory Scientist 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, FAX, OR EMAIL THESE FORMS TO ASCP INTERNATIONAL.**

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