



**INTERNATIONAL TECHNOLOGIST  
IN MOLECULAR BIOLOGY  
TRAINING DOCUMENTATION FORM  
(ROUTE 3)**

STUDENT'S NAME \_\_\_\_\_

NAME OF PROGRAM \_\_\_\_\_

**ATTACH PROGRAM CURRICULUM OR LIST BELOW:**

	COURSE TITLE	CREDIT HOURS COMPLETED	CREDIT HOURS IN PROGRESS
<b>BLOOD BANKING/ IMMUNOHEMATOLOGY:</b>	_____	_____	_____
<b>CHEMISTRY:</b>	_____	_____	_____
<b>HEMATOLOGY:</b>	_____	_____	_____
<b>MICROBIOLOGY:</b>	_____	_____	_____

LENGTH OF TRAINING PROGRAM (in months) \_\_\_\_\_ TYPE OF DEGREE \_\_\_\_\_

EXPECTED DATE OF COMPLETION \_\_\_\_\_  
(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 International Technologist in Molecular Biology examination as checked and listed above, and has completed or will complete a baccalaureate degree or equivalent by the examination date. I verify that the named student is enrolled in a Medical Laboratory training program at the institution mentioned below and that this student will successfully complete the Medical Laboratory training program 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'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PROGRAM DIRECTOR'S SIGNATURE \_\_\_\_\_

NAME OF PROGRAM \_\_\_\_\_

PROGRAM DIRECTOR'S EMAIL ADDRESS \_\_\_\_\_

INSTITUTION \_\_\_\_\_

INSTITUTION TELEPHONE NUMBER \_\_\_\_\_

INSTITUTION ADDRESS \_\_\_\_\_

**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. TRAINING DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE MAIL, FAX, OR EMAIL THESE FORMS TO ASCP INTERNATIONAL.**

BOC 7/14