INTERNATIONAL TECHNOLOGIST IN MOLECULAR BIOLOGY TRAINING DOCUMENTATION FORM (ROUTE 2)

STUDENT'S NAME _____

NAME OF PROGRAM _____

ATTACH PROGRAM CURRICULUM OR LIST BELOW:

COURSE TITLE	CREDIT HOURS COMPLETED

Date Program started: Month_____ Date_____ Year_____

Date Program ended: Month_____ Date_____ Year_____

Please check (✓):

_____The Diagnostic Molecular Science program contained both **theory and practice**.

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 the program by the examination date. I verify that the named student is enrolled in a Diagnostic Molecular Science program at the institution mentioned below and that this student will successfully complete the Diagnostic Molecular Science 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.

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