INTERNATIONAL MEDICAL LABORATORY TECHNICIAN TRAINING DOCUMENTATION FORM (Route 1, 2)

STUDENT'S NAME _____

NAME OF PROGRAM _____

ATTACH PROGRAM CURRICULUM OR LIST BELOW:

	COURSE TITLE	CREDIT HOURS COMPLETED	CREDIT HOURS IN PROGRESS
BLOOD BANKING/ IMMUNOHEMATOLOGY:			
CHEMISTRY:			
HEMATOLOGY:			
MICROBIOLOGY:			

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 Medical Laboratory Technician examination as checked and listed above, and has completed or will complete a two year diploma 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 9/14

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ascpinternational@ascp.org **Phone: +1.312.541.4473** **Fax: +1.312.541.4845**