



Important:

The Board of Certification does not establish eligibility of any candidate from information that is supplied via e-mail, correspondence or telephone calls alone. Our office must base all decisions on a review and verification of information supplied through formal application for examination.

Laboratory Safety Online Examination

When you have been determined eligible for examination, information regarding the online examination will be emailed to you. This examination consists of **50** multiple choice questions that you answer online within a **90 minute** time frame, at the date and time of your choice, on your own computer, within a **60 day** time period.

Detach these instructions (pages 1, & 2) from the application form.

Step 1: Qualification Category and Route Number *(Required)*

[See PROCEDURE BOOKLET pages 4 – 6]

Review the eligibility requirements on pages 4 – 6 of the PROCEDURE BOOKLET to determine the eligibility route under which you are applying. Indicate the route number in the space provided.

Step 2: Personal Information

Social Security Number

Enter the last four digits of your social security number in the space provided.

Daytime Telephone Number *(Required)*

Enter a daytime telephone number where you can be contacted during regular business hours, including area code and extension. Indicate home, office, cell.

Salutation, Last Name, First Name, Middle Initial, Maiden Name *(Required)*

Print your full name in the space provided. Print your name as you wish it to appear on your certificate.

Email Address *(Required)*

Indicate your e-mail address in the space provided. Please print clearly.

Home Street Address, City, State, Zip Code *(Required)*

Enter your complete mailing address.

Gender *(Required)*

Indicate "F" for female and "M" for male.

Ethnicity *(Optional)*

Print one of the following numbers in the box.

1. Caucasian
2. African American
3. Asian or Pacific Islander
4. Hispanic
5. Native American
6. Other

Step 3: Academic Education *(Required)*

[See PROCEDURE BOOKLET page 7]

Provide information about your education. If you are required to submit transcripts to complete your application requirements, please be aware that only official transcripts from the Registrar's office of your institution are acceptable; photocopies cannot be accepted.

Step 4: Employment Information

[See PROCEDURE BOOKLET page 7 – 8]

If work experience is required to establish your eligibility under the route you have selected, complete this section, indicating your present employment information, your total experience, and any additional employment information. Experience documentation forms must be downloaded from the website at www.ascp.org/qualification. Forward this form to your employer(s) for verification of your experience. **Completed experience documentation forms along with a letter from your employer, on official letterhead, verifying authenticity must be submitted with your application.** (Printed experience documentation forms are available upon request.) Your application will not be processed without the experience documentation form(s) and letter(s) of authenticity attached.

Step 5: Contact Information *(Required)*

The Board of Certification will be emailing you time-sensitive documents; it is imperative that we are able to contact you at all times. Please indicate two individuals who are likely to know your current address and phone number at all times.

Step 6: Review

Review the information you have provided in each section of the application. Is it accurate and complete? If the application is complete, read the pledge on the back of the application form and sign and date the application. Unsigned applications will be returned to you. Faxed applications are not acceptable.

Have you included the appropriate application fee?

An application fee must be included with your application form. All fees must be submitted by check or money order in U.S. currency (**DO NOT SEND CASH**). MAKE CHECKS PAYABLE TO "Board of Certification." The ASCP Board of Certification will not accept post-dated checks. **Application fees are non-refundable.**

Your application will be returned to you if it is not accompanied by a fee. Purchase Orders or Vouchers will not be accepted for application fees. A check or money order must accompany the application form. **Faxed applications will not be accepted.**

\$225 – All Qualifications

Mailing Addresses

Applications and application fees **MUST** be mailed using the **UNITED STATES POSTAL SERVICE REGULAR MAIL ONLY. DO NOT** send applications and fees by Fax, Federal Express, UPS, Express Mail, Certified or Registered Mail or any overnight courier service or any other express mail service. **Applications and application fees using express mail service WILL NOT reach the BOC office.**

Application/Fee with documentation (UNITED STATES POSTAL SERVICE REGULAR MAIL ONLY):

Board of Certification
3335 Eagle Way
Chicago, IL 60678-1033

You may also apply online with a Credit Card or PayPal.

General Correspondence and Transcripts WITHOUT checks, money order:

ASCP Board of Certification
33 W. Monroe Street, Suite 1600
Chicago, IL 60603

Should you have questions, or if any of the information on the completed application form changes, please contact the ASCP Board of Certification office at 312-541-4999, or online at www.ascp.org/bocfeedback.

The information contained in this application form is subject to change without notice.

Qualification In Laboratory Safety Routes

Route 1: ASCP Board of Certification technologist/scientist or specialist certification AND at least six (6) months acceptable experience in laboratory safety within the last five years, **OR**

Route 2: MLT(ASCP) or HT(ASCP) certification AND twelve (12) months acceptable experience in laboratory safety within the last five years, **OR**

Route 3: Baccalaureate degree from a regionally accredited college/university, AND eighteen (18) months acceptable experience in Laboratory Safety within the last five years.

NOTE: All experience must be completed in the United States or Canada.

Applicants must have experience within the last five years, in 4 of the 8 following areas:

- Biohazard control (e.g., blood borne pathogens, infection control)
- Chemical safety
- Ergonomics
- Fire safety
- First aid
- Physical and environmental (e.g., electrical, equipment, spills, waste management, shipping)
- Safety management (e.g., risk assessment, monitoring, safety committee)
- Training and education

Guidelines For Qualification in Laboratory Safety

Competency in Laboratory Safety must be demonstrated through completion of an online examination. The purpose of this qualification is to assess the competency of examinees in the technical application of clinically relevant Laboratory Safety techniques. Assessment of the examinee will be based on successful completion of the online examination. This examination consists of a 50-item multiple choice timed test (90 minutes in length), that the candidate must complete within a 60 day period from the date the candidate receives a voucher/password for testing. The test is taken online at the date and time of the candidate's choice on their own computer. Detailed information will be provided when examination eligibility is determined.

Time Limits, Revalidation and Use of Qualification

Candidates who complete the qualification process in Laboratory Safety, including completion of the eligibility requirements and successful completion of an online examination, will receive documentation of their Qualification in Laboratory Safety which is valid for three years.

This Qualification may be revalidated every three years upon payment of a fee (currently \$50) and completion of 6 contact hours of acceptable continuing education/other activities related to Laboratory Safety.

This Qualification will not, in itself, entitle the individual to membership in ASCP. Individuals must be ASCP certified as technician, technologist or specialist to be eligible for membership.

Step 5: Employment Information *(if applicable)*

Present Employer	Job Title	Date Started
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Address	City and State	Zip Code
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Immediate Supervisor's Name

Total Employment Experience

Years Months *Only experience in the U.S., Canada or an accredited laboratory* is acceptable.***CMS CLIA certificate of registration, compliance, accreditation; AND/OR**CAP, AABB, Joint Commission accreditation; OR**JCI accreditation; OR**Accreditation under ISO 15189*

Briefly describe your duties

List additional positions held and dates of employment, giving name of laboratory, supervisor, city, state and telephone number

Step 6: Contact Information *(Required)*

List below two individuals who are likely to know your address at all times.

Name	Address	City and State	Zip Code	Telephone Number
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Name	Address	City and State	Zip Code	Telephone Number
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Step 7: Pledge *(Required)*

By submitting and signing this application, I acknowledge that this application will be reviewed and processed, and that an evaluation will be conducted in accordance with the rules and policies adopted by the Board of Certification. I agree to hold harmless the members, examiners, officers and agents of the Board of Certification from any and all actions that they may take, or refrain from taking, pursuant to such rules and policies.

I certify that all information contained in this application, as well as any information that I submit in support of this application is true and correct to the best of my knowledge and belief. I authorize representatives of the Board of Certification to verify the accuracy of any information contained in, or supplied in support of, this application from any person or persons having knowledge of such information. I recognize that this qualification, if granted, is based on the correctness of the information contained in, and supplied in support of, this application.

I further recognize that admission to apply for the qualification examination and any qualification I may have or be granted, may be revoked at any time, and that I may be barred from admission to apply for future qualifications, if it is established that the information contained in, or supplied in support of, this application is inaccurate in any material respect, if I engage in any inappropriate conduct during the examination (such as giving or obtaining unauthorized information or aid), or if it is determined that I have misrepresented or misused any qualification I may have or be granted.

I understand that this examination and all test questions are the exclusive property of the Board of Certification and are protected by copyright law. Because of the confidential and proprietary nature of these copyright materials, I agree not to retain, copy, or disclose or reveal any part of these examination materials, unless previously authorized in writing by the Board of Certification.

Applicant's Signature *(Required)*

Date