ASCP BOARD OF CERTIFICATION®

QUALIFICATION IN LABORATORY INFORMATICS (QLI) EXPERIENCE DOCUMENTATION FORM (Routes 2 & 3)

PART I ***(To be completed by Applicant)***

Applicant's Name _____ Last Four Digits of Applicant's Social Security # _____

Address _____ E-mail Address _____

City _____ State _____ Zip _____ (_____) Daytime Telephone Number _____

****

PART II ***(MUST be completed and signed by the Immediate Supervisor or Laboratory Management* in order to be acceptable)***

SUBJECT: Verification of Experience for Qualification Eligibility

This individual, identified above, has applied for the Board of Certification Qualification in Laboratory Informatics work project. In order to establish this applicant's eligibility for qualification, the following information is necessary:

1. **Please complete**: **EXPERIENCE**
   (The one year of experience may include a three month clinical practicum offered through an accredited college/university AND nine months of experience.)

   Date laboratory informatics experience **commenced**: Month _____ Day _____ Year _____

   Date laboratory informatics experience **ended** (if applicable): Month _____ Day _____ Year _____

   How many hours per week in Laboratory Informatics: _____

   Date clinical laboratory experience **commenced**: Month _____ Day _____ Year _____

   Date clinical laboratory experience **ended** (if applicable): Month _____ Day _____ Year _____

   How many hours per week in other areas of the Clinical Laboratory or Histopathology: _____

Directions: Please review the experience of this applicant. Please place an **X** next to each of the areas for which the applicant is responsible or participates in.

1. To qualify for the work project, you must have acceptable experience in at least **7 of the 9 areas** listed below:

   ___ Bidirectional Interfaces: system to instrument (e.g., analysis of interface messages)

   ___ Bidirectional Interfaces: system to system (e.g., analysis of interface messages)

   ___ Coding and nomenclature systems

   ___ Computer system and data quality assurance

   ___ Hardware/software change management and quality control

   ___ Informatics system disaster recovery

   ___ Policy and procedure development

   ___ Security: physical data and administrative control

   ___ Software installation, validation and maintenance

(OVER)

2. To qualify for the work project, you must have acceptable experience in at least **6 of the 14 areas** listed below:

___ Autoverification support
___ Billing and charge capture
___ Budgeting and cost/benefit analysis
___ Data mining
___ Database administration
___ Hardware installation and maintenance
___ Information system selection and procurement
___ LIS user teaching/training
___ Management reports
___ Middleware
___ Network and data communications
___ Regulatory compliance for clinical information systems and data
___ Rule writing and calculations
___ System analysis

3. **By signing this form, I as the Immediate Supervisor or Laboratory Management* verify that this applicant has performed satisfactorily in the laboratory informatics areas checked on this form.**

_____ _____
(Please Print) IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* NAME & CERTIFICATION(S) TITLE

_____ _____
IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* SIGNATURE DATE

_____ _____
TELEPHONE NUMBER E-MAIL ADDRESS

_____
INSTITUTION

_____ _____
CITY STATE ZIP CODE

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* WITH THIS EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

Management is defined as someone in a management role who can verify technical experience (e.g., supervising Laboratory Director OR LIS Director).

BOC 03/15