

## QUALIFICATION IN IMMUNOHISTOCHEMISTRY (QIHC) EXPERIENCE DOCUMENTATION FORM

## PART I (To be completed by Applicant)

Applicant's Name		Last Four Dig	its of Applicant's Social Security #	
Address		E-mail Addres	SS	
	State Zip	**********		
	ST be completed and signed by the Im r to be acceptable)	mediate Supervisor o	or Laboratory Management* in	
	Verification of Experience for Examina	ation Eligibility		
	, identified above, has applied for the En order to establish this applicant's eligibility			ry
1. Please	complete: EMPLOYMENT (including on-the	-job training)		
Date er	mployment in Immunohistochemistry comm	enced: Month	DayYear	
Date er	mployment in Immunohistochemistry ended	(if applicable): Month	DayYear	
How m	any hours per week employed?	In Immunohistoch	emistry?	
Immun experie manag	ions: Please review the experience of this a ohistochemistry (IHC) procedures in the area ence is adequate. Check (✓) the subareas as ement/supervision of IHC procedures are actually and the following should have been per	as listed below. Please ples appropriate. <b>NOTE:</b> Director control of the control	ace an <b>X</b> next to the areas in which ect performance, training and/or	
	Selection of proper control mat Staining technique Titration of immunologic reage			
В	Quality Assurance  Applicant should have participated in Quality control  Reagent selection, preparation Safety Specimen fixation, processing,	ocumentation , storage, disposal	all of the following:	
	ning this form, I as the Immediate Super erformed satisfactorily in the Histotechnol			nt
(Please Print) IMME	EDIATE SUPERVISOR OR LABORATORY MANAGEMENT* N	AME & CERTIFICATION(S)	TITLE	
IMMEDIATE SUPERV	VISOR OR LABORATORY MANAGEMENT* SIGNATURE		DATE	
TELEPHONE NUMBE	ER	E-MAIL ADDRES	SS	
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\*.