



ASCP Board of Registry
 Suite 1600
 33 W Monroe St
 Chicago, IL 60603
 (312) 541-4979

**EVALUATION FORM FOR STRUCTURED PROGRAMS IN
 TECHNOLOGIST IN BLOOD BANKING
 (Route 3)**

STUDENT'S NAME _____

SOCIAL SECURITY NUMBER _____

NAME OF PROGRAM _____

Please indicate: _____ Quarter Hours _____ Semester Hours

COURSE TITLE
30 semester hours
(45 quarter hours) required

**CREDIT HOURS
 COMPLETED**

**CREDIT HOURS IN
 PROGRESS**

BIOLOGY/CHEMISTRY:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Comments: _____

LENGTH OF STRUCTURED PROGRAM (in months) _____ **TYPE OF DEGREE** _____

EXPECTED DATE OF COMPLETION _____
 (MONTH) (DAY) (YEAR)

DATE OF COMPLETION OF DEGREE REQUIREMENTS _____
 (MONTH) (DAY) (YEAR)

This is to document that the above named student has successfully completed the current minimum academic requirements for the Board of Registry Technologist in Blood Banking examination as checked and listed above, and has completed or will complete a baccalaureate degree by the examination date. I verify that the above named student is enrolled in a structured program in Blood Banking (one academic year in length) which is equivalent to the curriculum for Blood Banking in the NAACLS accredited Medical Technology Program at the institution mentioned below and that this student will successfully complete the structured program in Blood Banking prior to the examination date. I agree to notify the Board of Registry promptly if the student fails to complete any of the conditions stipulated above.

 (Please Print) PROGRAM OFFICIAL TITLE DATE

PROGRAM OFFICIAL'S SIGNATURE _____

NAME OF PROGRAM _____

SCHOOL IDENTIFICATION NUMBER _____

TELEPHONE NUMBER (_____) _____ EMAIL ADDRESS _____

INSTITUTION _____

ADDRESS _____

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS REFERENCE FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD, STATE THAT THE REFERENCE FORM WAS COMPLETED BY YOUR PROGRAM DIRECTOR AND INCLUDE THE DATE AND YOUR PROGRAM DIRECTOR'S SIGNATURE.