



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

**HEMAPHERESIS PRACTITIONER**  
**REFERENCE FORM**  
**(Routes 1, 2, 3 & 4)**

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

Applicant's Name	Social Security #
Address	E-mail Address
	(      ) Daytime Telephone Number

**PART II (To be completed by Employer)**

**SUBJECT:** Verification of Experience for Examination Eligibility

This individual, identified above, has applied for Board of Registry Certification as a Hemapheresis Practitioner. In order to establish this applicant's eligibility the following information is necessary.

**I. Please complete**

HEMAPHERESIS EXPERIENCE (including on-the-job training)

Date started: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date ended: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week are spent in hemapheresis? \_\_\_\_\_

**II. Directions:** This applicant must have demonstrated proficiency in your judgement in at least one of the following areas. Individuals certifying proficiency should have personally observed or reviewed the applicant's work. An Examination Content Guideline is available on the ASCP website at [www.ascp.org/bor/certification/content/](http://www.ascp.org/bor/certification/content/). Check (√) the areas in which this applicant is proficient.

- \_\_\_\_\_ Apheresis Donor Procedures
- \_\_\_\_\_ Apheresis Therapeutic Procedures
- \_\_\_\_\_ Apheresis Cellular Therapy Collection

**III. This form must be completed and signed by the Medical Director or it will not be acceptable.** By signing this form, I verify that this applicant has performed satisfactorily in hemapheresis in the area(s) checked above.

\_\_\_\_\_  
 (Please Print) MEDICAL DIRECTOR'S NAME AND TITLE DATE

\_\_\_\_\_  
 MEDICAL DIRECTOR'S SIGNATURE

\_\_\_\_\_  
 TELEPHONE NUMBER E-MAIL ADDRESS

\_\_\_\_\_  
 INSTITUTION

\_\_\_\_\_  
 CITY STATE ZIP CODE

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