HISTOTECHNOLOGIST (HTL)



STRUCTURED PROGRAM DOCUMENTATION FORM (Route 2)

Not to be used for Route 1 applications

This form should only be used to document the completion of a two-part structured histotechnology training program.

Note: Clinical experience must be verified by completion of the route 2 experience documentation form.

PART I (TO BE COMPLETED BY APPLICANT)	
Applicant's Name	ASCP Customer ID #
Address	Email Address
City, State, Zip Code	Last Four Digits of Applicant's Social Security
PART II (MUST BE COMPLETED AND SIGNED BY THE PR This individual, identified above, has applied for the Board establish this applicant's eligibility for certification, the follow 1. PLEASE COMPLETE: A. CLASSROOM INSTRUCTION	of Certification Histotechnologist examination. In order
Classroom training site:	
Date classroom training started : Month	Day Year
Date classroom training ended : Month	Day Year
B. CLINICAL TRAINING	
Clinical training site at an approved, accredited la	aboratory*:
Date clinical training started : Month	Day Year
Date clinical training ended : Month	Day Year
How many hours of clinical training?*CMS CLIA certificate of registration, compliance, accreditation	
2. BY SIGNING THIS FORM I, AS THE PROGRAM DIRECTOR THAT THIS APPLICANT HAS SATISFACTORILY COMPITRAINING PROGRAM.	
(Please Print) Program Director Name & Credential(s)	Title
Program Director Signature	Date
Telephone Number	Email Address
Institution	6-digit school code (if applicab
City, State	Zip Code

See www.ascp.org/boc/us-documentation for submission instructions.