ASCP BOARD OF CERTIFICATION

TECHNOLOGIST IN CYTOGENETICS 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 _____

_____ ( ) _____
Daytime Telephone Number

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

SUBJECT: Verification of Experience for Examination Eligibility

This individual, identified above, has applied for the Board of Certification Technologist in Cytogenetics examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

1. **Please complete:** **EMPLOYMENT** (including on-the-job training)

   Date employment **started** in Cytogenetics: Month _____ Day _____ Year _____

   Date employment **ended** in Cytogenetics: Month _____ Day _____ Year _____

   How many hours per week in Cytogenetics? _____

2. **By signing this form, I as the Immediate Supervisor or Laboratory Management* verify that this applicant has performed satisfactorily in the area of Cytogenetics.**

(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.

BOC 10/11