



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

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.