ASCP BOARD OF CERTIFICATION

DIPLOMATE IN LABORATORY MANAGEMENT EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3, 4, 5 & 6)

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

_____ Applicant's Name and Title

_____ 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 Manager in order to be acceptable)***

SUBJECT: Verification of Experience for Examination Eligibility

This individual, identified above, has applied for the Board of Certification Diplomate in Laboratory Management 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 clinical laboratory supervision or management:
   Month _____ Day _____ Year _____

   Date employment **ended** in clinical laboratory supervision or management:
   Month _____ Day _____ Year _____

   How many hours per week employed? _____

   What percentage of time is spent in clinical laboratory supervision or management? ____%

2. **Directions:** Please review the experience of this applicant. Please place an **X** next to each of the areas for which the applicant is responsible or participates in.
   (NOTE: Experience is required in **20** of the 32 areas listed below.)

FINANCIAL MANAGEMENT

_____ Billing and collection
_____ Budgets
_____ Capital equipment acquisition
_____ Cash flow analysis
_____ Contract negotiations
_____ Cost analysis
_____ Financial accounting
_____ Materials management: inventory control
_____ Materials management: purchasing
_____ Reimbursement issues

OPERATIONS MANAGEMENT

_____ Data Management
_____ Facilities management
_____ Information Technology
_____ Intra/Interdepartmental relations
_____ Licensure/accreditation/regulatory
_____ Performance improvement
_____ Productivity
_____ Risk management/medical legal issues
_____ Safety

(over)

MARKETING MANAGEMENT

_____ Consumer relations
_____ Managed care
_____ Market research
_____ Product development

PERSONNEL MANAGEMENT

_____ Conflict resolution
_____ Counseling/disciplinary action
_____ Education and training/continuing education
_____ Job descriptions
_____ Motivation
_____ Performance standards/evaluations
_____ Personnel negotiations
_____ Staffing/scheduling
_____ Wage and salary administration

3. By signing this form, I as the Immediate Supervisor or Manager verify that this applicant has performed satisfactorily in the Laboratory Management or Supervision areas checked on this form.

_____ _____
(Please Print) IMMEDIATE SUPERVISOR OR MANAGER NAME & CERTIFICATION(S) TITLE

_____ _____
IMMEDIATE SUPERVISOR OR MANAGER 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 MANAGER 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 MANAGER.

BOC 10/11