ASCP BOC ASCP BOARD OF CERTIFICATION®

MEDICAL LABORATORY TECHNICIAN WORK EXPERIENCE DOCUMENTATION FORM (Route 4)

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 Work Experience for Examination Eligibility

This individual, identified above, has applied for the Board of Certification Medical Laboratory Technician 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**: Month _____ Day _____ Year _____

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

   How many hours per week? _____ (Average, if necessary)

2. **Directions:** Please review the experience of this applicant. A medical laboratory technician must demonstrate proficiency including pre- and post-analytical components (e.g. quality assurance) in ALL of the following areas listed below. Please place an **X** by each area in which this applicant has demonstrated proficiency under your supervision by using The Guidelines for Evaluating Experience of a Candidate for Medical Laboratory Technician. (NOTE: It is the applicant's responsibility to ensure work experience is documented in all **SIX** areas as required for eligibility.)

   Blood Banking _____ Microbiology _____

   Chemistry _____ Immunology _____

   Hematology _____ Urinalysis/Body Fluids _____

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

_____ _____
(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 WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK 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.

GUIDELINES FOR EVALUATING EXPERIENCE
OF A CANDIDATE FOR MEDICAL LABORATORY TECHNICIAN

To qualify for certification as a medical laboratory technician, the applicant should be competent to perform **ALL** of the tests and procedures indicated. The medical laboratory technician should have the equivalent knowledge and skill to those of a graduate of an accredited Medical Laboratory Technician program:

AREA OFEXPERIENCE	EXTENT OF EXPERIENCE
BLOOD BANKING	• ABO & Rh typing • Antibody screen & identification • Compatibility testing • Direct antiglobulin test • Instrument preventive maintenance & troubleshooting • Processing and administration of blood products • Quality assurance • Specimen collection, evaluation, and processing
CHEMISTRY	• Basic analytical methodology including electrolytes, blood gases, glucose, blood urea nitrogen, creatinine, bilirubin, enzymes, lipids, and proteins • Immunoassays • Instrument preventive maintenance & troubleshooting • Endocrinology and tumor markers • Therapeutic drug monitoring/toxicology • Quality assurance • Specimen collection, evaluation, and processing
HEMATOLOGY	• Blood smear preparation, evaluation, and differential • Complete blood count • Miscellaneous tests (e.g. reticulocyte, ESR, sickle screen) • Instrument preventive maintenance & troubleshooting • Quality assurance • Routine coagulation (e.g. PT, APTT) • Special coagulation tests (e.g. fibrinogen, FDP/D-dimer) • Specimen collection, evaluation, and processing
IMMUNOLOGY	• Instrument preventive maintenance & troubleshooting • Manual or automated serological tests (e.g. hepatitis, rubella, syphilis, rheumatoid arthritis, heterophile antibody) • Quality assurance • Specimen collection, evaluation, and processing
MICROBIOLOGY	• Antibiotic susceptibility testing • Culture evaluation • Instrument preventive maintenance & troubleshooting • Media selection • Microscopic examination of specimens • Manual and automated methods for detection and identification of microorganisms • Quality assurance • Specimen collection, evaluation, and processing
URINALYSIS/ BODY FLUIDS	• Instrument preventive maintenance & troubleshooting • Routine urinalysis • Routine evaluation of other body fluids • Quality assurance • Specimen collection, evaluation, and processing