



SPECIALIST IN CHEMISTRY
EXPERIENCE DOCUMENTATION FORM
(Routes 1, 2, 3, & 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 Experience for Examination Eligibility

This individual, identified above, has applied for the Board of Certification Specialist in Chemistry 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 Chemistry: Month Day Year
Date employment ended in Chemistry: Month Day Year
How many hours per week in Chemistry?

2. Directions: Please review the experience of this applicant.

A. Please place an X by each procedure that has been performed proficiently including pre-analytical, analytical and post-analytical phases of testing under your supervision by this applicant.

(NOTE: Experience is required in 8 of the 15 procedures listed below.)

- Blood gases, Carbohydrates, Chromatography, Electrolytes, Electrophoresis, Enzymes, Heme compounds, Hormones/vitamins, Immunochemistry, Lipids/lipoproteins, Non-protein nitrogen compounds, Proteins, Therapeutic drug monitoring, Toxicology, Point-of-care

B. Please place an X by the areas in which the applicant has had experience.

(NOTE: Experience is required in 2 of the 6 areas listed below.)

- Test development/validation, Procurement of laboratory equipment, Quality management, Regulatory compliance, Supervisory experience, Teaching

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