ASCP BOARD OF CERTIFICATION®

SPECIALIST IN CHEMISTRY
WORK 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 Work 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. Place an **X** by each procedure that has been performed satisfactorily/or taught including pre-analytical, analytical and post-analytical phases of testing under your supervision by this applicant.

(NOTE: Work 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. Place an **X** by the areas in which the applicant has had work experience.

(NOTE: Work 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/or taught 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 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.

ASCP Board of Certification 33 W Monroe St., Suite 1600, Chicago, IL 60603 (312) 541-4979