ASCP BOARD OF CERTIFICATION

SPECIALIST IN HEMATOLOGY 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

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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 Hematology 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 Hematology: Month _____ Day _____ Year _____

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

How many hours per week in Hematology? _____

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

A. Please place an **X** by each of the procedures which have been performed satisfactorily under your supervision by this applicant. (NOTE: Experience is required in **ALL** of the procedures listed below.)

_____ Blood smear, evaluation and differential

_____ Complete blood count

_____ Instrument maintenance

_____ Miscellaneous tests (e.g., ESR, sickle screen, manual cell count, reticulocyte)

_____ Quality control: performance and evaluation

_____ Routine coagulation tests (e.g., PT, APTT, D-dimer)

_____ Other coagulation tests (e.g., fibrinogen, factor assays)

B. Please place an **X** by each of the procedures the applicant has **performed**, **supervised** or **taught**. (NOTE: Experience is required in **5** of the 12 procedures listed.)

_____ Advanced coagulation (e.g. inhibitor assays, hypercoaguability)

_____ Body fluid evaluation

_____ Bone marrow prep or evaluation

_____ Budgeting, inventory control, purchasing

_____ Cytochemical stains

_____ Flow cytometry

_____ Hemoglobinopathy evaluation

_____ Method evaluation

_____ Personnel management

_____ Platelet function studies

_____ PT/PTT mixing studies

_____ QA/QI

(over)

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

BOC 10/13