



SPECIALIST IN MICROBIOLOGY EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3 & 4)

PART I (To be completed by Applicant)

Applicant's Name
Address

Last Four Digits of Applicant's Social Security #
E-mail Address
Daytime Telephone Number

** 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 Specialist in Microbiology 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 Microbiology: Month Day Year
Date employment ended in Microbiology. Month Day Year
How many hours per week in Microbiology?

2. Directions: Please review the experience of this applicant. Please place an X by each area in which this applicant has demonstrated proficiency under your supervision. (NOTE: Experience is required in 4 of the 6 areas listed below.)

- Bacteriology, Molecular Microbiology, Mycology, Mycobacteriology, Parasitology, Virology

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

*Manager is defined as someone in a management role who can verify experience.