



Important:

Use this application when applying for the Specialist in Blood Banking [SBB] examination only. Please contact the ASCP Board of Certification for the appropriate application packet for other categories. Carefully review the ASCP Board of Certification Procedures for Examination and Certification Booklet to ensure that you meet the eligibility requirements before you begin completing the application form.

The Board of Certification does not establish eligibility of any candidate from information that is supplied via e-mail, correspondence or telephone calls alone. Our office must base all decisions on a review and verification of information supplied through formal application for examination.

Detach these instructions (pages 1 & 2) from the application form.

Step 1: Examination Route (Required)

Refer to the eligibility requirements on pages 11-12 for the SBB category. Enter the number of the route you are following to establish your eligibility for examination.

Have you applied previously for this same examination category?

If yes, indicate the month and year of application.

Step 2: Personal Information

Social Security Number

Enter the last four digits of your social security number in the space provided. If you are Canadian, DO NOT include your social insurance number. Leave the space blank and a number will be assigned to you. If you do not have a U.S. social security number, leave the space blank and a number will be assigned to you.

Daytime Telephone Number (Required)

Enter a telephone number where you can be contacted during regular business hours, including area code and extension. Indicate home or office.

Salutation, Last Name, First Name, Middle Initial, Maiden Name (Required)

Print your full name in the space provided. Your first and last names, as printed on the application form, must match your name on your driver's license and identification.

The information contained in this application form is subject to change without notice.

Email Address (Required if available)

Indicate your e-mail address in the space provided. Please print clearly.

Home Street Address, City, State, Zip Code (Required)

Enter your complete mailing address.

Birth Date (Required for identification purposes)

Print the month, day and year as shown in this example.

July 2, 1985 [0][7][0][2][1][9][8][5]

Gender (Required)

Indicate "F" for female and "M" for male.

Ethnicity (Optional)

Print one of the following numbers in the box.

- 1. Caucasian
2. African American
3. Asian or Pacific Islander
4. Hispanic
5. Native American
6. Other

Step 3: Are you certified by the ASCP Board of Certification in another examination category?

If so, indicate the category and your certification number as shown below:

Category [M][L][T]

Certification Number [1][2][3][4][5]

Category [C][ ][ ]

Certification Number [8][9][0][ ][ ]

Step 4: Clinical Laboratory Program Information

Depending on the route you have chosen to establish your eligibility, an academic training program may be a requirement. Indicate with an X that you have completed a CAAHEP accredited SBB program, if appropriate.

Once you have checked the appropriate box, provide all requested program information: name of institution, address, name and phone number of program director, program dates (the date the program started and the EXACT date the program ends, not the graduation date).

Important: Individuals applying from CAAHEP accredited SBB programs MUST indicate the school code number.

Step 5: Academic Education (Required)

[See PROCEDURE BOOKLET page 18]

Provide information about your education. If you have not yet completed your degree, indicate when you expect to complete the degree. Please be aware that only official transcripts from the Registrar's office of your institution are acceptable; photocopies cannot be accepted.

### Step 6: Employment Information

[See PROCEDURE BOOKLET page 19]

If work experience is required to establish your eligibility under the route you have selected, complete this section, indicating your present employment information, your total experience in the clinical laboratory, and any additional employment information. Experience documentation forms must be downloaded from the website at [www.ascp.org/docforms](http://www.ascp.org/docforms) Forward this form to your employer(s) for verification of your experience. **Completed Experience documentation forms along with a letter from your employer, on official letterhead, verifying authenticity *must* be submitted with your application form.** (Printed Experience documentation forms are available upon request.) Your application will not be processed without the Experience documentation form(s) and letter(s) of authenticity attached.

### Step 7: Contact Information/Mother's Maiden Name (Required)

The Board of Certification will be mailing you time-sensitive documents; it is imperative that we are able to contact you at all times. Please indicate two individuals who are likely to know your current address and phone number at all times. Indicate your mother's maiden name in the space provided.

### Step 8: Review Application

Review the information you have provided in each section of the application. Is it accurate and complete? If the application is complete, read the pledge on the back of the application form and **sign and date the application.** Unsigned applications will be returned to you. Faxed applications are not acceptable.

### Step 9: Payment Information

[See PROCEDURE BOOKLET page 3]

Enclose a check/money order. Please **DO NOT** fax the application form. Faxed applications are not acceptable.

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## Have you included the appropriate examination fee?

An application fee must be included with your application form. All fees must be submitted by check or money order in U.S. currency (**DO NOT SEND CASH**). Make checks payable to "Board of Certification." The ASCP Board of Certification will not accept post-dated checks. **Application fees are non-refundable.**

Your application will be returned to you if it is not accompanied by a fee. Purchase Orders or Vouchers will not be accepted for application fees. A check or money order must accompany the application form. **Faxed applications will not be accepted.**

\$260 – SBB Examination Fee

## Mailing Addresses

Applications and application fees **MUST** be mailed using the **UNITED STATES POSTAL SERVICE REGULAR MAIL ONLY. DO NOT** send applications and fees by Fax, Federal Express, UPS, Express Mail, Certified or Registered Mail or any overnight courier service or any other express mail service. **Applications and application fees using express mail service WILL NOT reach the BOC office.**

**Application/Fee with documentation** (UNITED STATES POSTAL SERVICE REGULAR MAIL ONLY):

**Board of Certification**  
3335 Eagle Way  
Chicago, IL 60678-1033

You may also apply online with a Credit Card.

### For Multiple Application Fees:

If multiple applications are being sent with one check, **DO NOT** use the above address. Contact [www.ascp.org/bocfeedback](http://www.ascp.org/bocfeedback) for mailing instructions.

### General Correspondence and Transcripts **WITHOUT** checks or money order:

**ASCP Board of Certification**  
33 W. Monroe Street, Suite 1600  
Chicago, IL 60603

Should you have questions, or if any of the information on the completed application form changes, please contact the ASCP Board of Certification office at 312-541-4999, or online at [www.ascp.org/bocfeedback](http://www.ascp.org/bocfeedback).



**Step 5: Academic Education (Required)**

Indicate month and year your education was completed (X).

BA/BS   /

MA/MS   /

PhD   /

Name of Institution Attended

City and State or Country

Degree Completed & Date of Degree

Applicants with foreign education: A transcript evaluation form from one of the agencies listed in the Procedures Booklet is required.

**Step 6: Employment Information (if applicable)**

Present Employer Job Title Date Started

Address City and State Zip Code

Immediate Supervisor's Name

Total Employment Experience Years   Months

Only experience in the U.S., Canada or an accredited laboratory [laboratory accredited by a CMS approved accreditation organization (i.e., AABB, CAP, COLA, DNV, The Joint Commission, etc.)] is acceptable.

Briefly describe your duties

List additional positions held and dates of employment, giving name of laboratory, supervisor, city, state and telephone number

**Step 7: Contact Information and Mother's Maiden Name (Required)**

List below two individuals who are likely to know your address at all times. Mother's Maiden Name \_\_\_\_\_

Name Address City and State Zip Code Telephone Number

Name Address City and State Zip Code Telephone Number

**Step 8: Pledge (Required)**

By submitting and signing this application, I acknowledge that this application will be reviewed and processed, and that the examination will be conducted in accordance with the rules and policies adopted by the Board of Certification. I agree to hold harmless the members, examiners, officers and agents of the Board of Certification from any and all actions that they may take, or refrain from taking, pursuant to such rules and policies.

I certify that all information contained in this application, as well as any information that I submit in support of this application, is true and correct to the best of my knowledge and belief. I authorize representatives of the Board of Certification to verify the accuracy of any information contained in, or supplied in support of, this application from any person or persons having knowledge of such information. I recognize that admission to take the certification examination, and certification if granted, are based on the correctness of the information contained in, and supplied in support of, this application.

I further recognize that admission to take the certification examination and any certification I may have or be granted, may be revoked at any time, and that I may be barred from admission to take further certification examinations, if it is

established that the information contained in, or supplied in support of, this application is inaccurate in any material respect, if I engage in any inappropriate conduct during the examination (such as giving or obtaining unauthorized information or aid), or if it is determined that I have misrepresented or misused any certification I may have or be granted.

I understand that this examination and all test questions are the exclusive property of the Board of Certification and are protected by copyright law. Because of the confidential and proprietary nature of these copyright materials, I agree not to retain, copy, disclose or reveal any part of these examination materials, unless previously authorized in writing by the Board of Certification.

I understand that the certificate of certification is time-limited for three years and that it must be renewed every three years for my certification to remain valid.

I understand and agree that I will not use ASCP certification designation or CM (in superscript) after my name if I do not maintain a valid certification.

Applicant's Signature (Required)

Date