



PART I (To be completed by Applicant)

Applicant's Name _____	Social Security # _____
Address _____	E-mail Address _____
_____	() _____
	Daytime Telephone Number _____

PART II (To be completed by Employer)

SUBJECT: Verification of Experience for Examination Eligibility

This individual, identified above, has applied for the Board of Certification Technologist in Blood Banking examination. In order to establish this applicant's eligibility for certification, the following information is necessary.

I. Please complete
EMPLOYMENT (including on-the-job training)

Date employment started in Blood Banking Month _____ Day _____ Year _____

Date employment ended in Blood Banking Month _____ Day _____ Year _____

How many hours per week in Blood Banking? _____

How many hours per week in other area(s)? _____ Specify area _____

II. *This form must be completed and signed by the Laboratory Director (Physician or Medical Scientist or the supervising certified Medical Technologist) or it will not be acceptable.* By signing below, I verify that this applicant is proficient in each area of blood banking that I have checked above.

(Please Print) LABORATORY DIRECTOR'S OR SUPERVISOR'S NAME, TITLE AND CERTIFICATION DATE

LABORATORY DIRECTOR'S OR SUPERVISOR'S SIGNATURE

TELEPHONE NUMBER E-MAIL ADDRESS

INSTITUTION

CITY STATE ZIP CODE

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR EMPLOYER WITH THIS REFERENCE FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD, STATE THAT THE REFERENCE FORM WAS COMPLETED BY YOUR EMPLOYER AND INCLUDE THE DATE AND YOUR EMPLOYER'S SIGNATURE.