



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 Chemistry 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 Chemistry. Month _____ Day _____ Year _____

Date employment ended in Chemistry. Month _____ Day _____ Year _____

How many hours per week in Chemistry? _____

II. Please place an **X** by each procedure that has been performed satisfactorily including pre-analytical, analytical and post-analytical phases of testing under your supervision by this applicant.

A. (Experience is required in 5 of the 8 procedures listed.)

- | | |
|----------------------|--------------------------------------|
| _____ Carbohydrates | _____ Lipids/lipoproteins |
| _____ Electrolytes | _____ Non-protein nitrogen compounds |
| _____ Enzymes | _____ Proteins |
| _____ Heme compounds | _____ Point-of-care |

B. (Experience is required in 3 of the 5 procedures listed)

- | | |
|-----------------------------------|-------------------------|
| _____ Blood gases | _____ Toxicology |
| _____ Quality control program | _____ Vitamins/Hormones |
| _____ Therapeutic drug monitoring | |

III. *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 this form, I verify that this applicant has performed satisfactorily in Chemistry in the areas 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.