



**TECHNOLOGIST IN HEMATOLOGY  
REFERENCE FORM  
(Route 6)**

**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 Hematology 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 Hematology      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date employment ended in Hematology      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week in Hematology? \_\_\_\_\_

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 has performed satisfactorily.

\_\_\_\_\_  
(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.**

BOC 11/09