



**SPECIALIST IN MICROBIOLOGY  
REFERENCE FORM  
(Routes 1, 2 & 3)**

**PART I** (To be completed by Applicant)

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

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**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 Specialist in Microbiology 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 Microbiology. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date employment ended in Microbiology. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

II. Please place an X by each section in which this applicant has demonstrated proficiency under your supervision. Experience is required in bacteriology and 3 of the other 4 sections.

REQUIRED

\_\_\_\_\_ Bacteriology

3 SECTIONS REQUIRED

\_\_\_\_\_ Mycology  
 \_\_\_\_\_ Mycobacteriology  
 \_\_\_\_\_ Parasitology  
 \_\_\_\_\_ Virology

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 Microbiology 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.**