



Important:

Do not use this application if applying for the Specialist in Blood Banking [SBB], Phlebotomy Technician [PBT], or ASCPⁱ (International) examinations. Please contact the ASCP Board of Registry for the appropriate application packets for these categories. Carefully review the ASCP Board of Registry Procedures for Examination and Certification Booklet to ensure that you meet the eligibility requirements before you begin completing the application form. This booklet is available on the ASCP website at www.ascp.org under "certification."

The Board of Registry 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 under certification.

Detach these instructions from the application form.

Step 1: Examination Category and Route Number (Required)

[See PROCEDURE BOOKLET pages 4 – 16]

Enter the examination category you are applying for. Be sure you indicate the correct abbreviation. Choose from the following categories:

Technician Level

Apheresis Technician [AT]
Donor Phlebotomy Technician [DPT]
Histotechnician [HT]
Medical Laboratory Technician [MLT]

Technologist Level

Cytotechnologist [CT]
Histotechnologist [HTL]
Medical Technologist [MT]
Technologist in Blood Banking [BB]
Technologist in Chemistry [C]
Technologist in Hematology [H]
Technologist in Microbiology [M]
Technologist in Molecular Pathology [MP]

Specialist Level

Hemapheresis Practitioner [HP]
Pathologists' Assistant [PA]
Specialist in Chemistry [SC]
Specialist in Cytotechnology [SCT]
Specialist in Hematology [SH]
Specialist in Laboratory Safety [SLS]
Specialist in Microbiology [SM]

Diplomate Level

Diplomate in Laboratory Management [DLM]

Review the eligibility requirements on pages 4 through 16 of the Procedure Booklet to determine the examination route under which you are applying. Indicate the route number in the space provided.

Step 2: Payment Information

[See PROCEDURE BOOKLET page 3]

Enclose a check/money order OR if you are paying by credit card, be sure to completely fill in that section. Please **DO NOT** fax the application form if you filled out the credit card information.

Step 3: Personal Information

Social Security Number

Enter your 9-digit 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.

Email Address (Required if available)

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

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

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

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

Enter your complete mailing address.

Birth Date (Required)

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

July 2, 1985

Gender (Required)

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

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

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 4: Are you certified by the ASCP Board of Registry in another examination category?

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

Category

Certification Number

Category

Certification Number

Step 5: Clinical Laboratory Program Information

[See PROCEDURE BOOKLET pages 19 and 20]

Depending on the route you have chosen to establish your eligibility, a clinical training program may be a requirement. If applicable, indicate with an X the program type you have completed.

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 NAACLS (MT, MLT, HT, HTL, PA) or CAAHEP (CT) accredited programs MUST indicate the school code number. Contact your Program Director for this information.

Step 6: Academic Education (Required)

[See PROCEDURE BOOKLET pages 18 and 19]

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

Step 7: 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. Reference forms must be downloaded from the website at www.ascp.org/certification under Step 2 "Verify Your Experience." Forward this form to your employer(s) for verification of your experience. **Completed reference forms along with a letter from your employer, on official letterhead verifying**

authenticity, must be submitted with your application. (Printed reference forms are available upon request.) Your application will not be processed without the reference form(s) and letter(s) of authenticity, attached.

Step 8: Contact Information/Mother's Maiden Name (Required)

The Board of Registry 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 9: 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.

Have you included the appropriate examination fee or credit card information?

Applications without fees or credit card information will be returned and will not be processed. Post-dated checks will be returned with your application or request. **Application fees are non-refundable.**

- \$125 DPT
- \$150 AT
- \$175 HT, MLT
- \$200 All Technologist Level Exams
- \$250 All Specialist Level Exams
- \$350 Diplomate Level
- \$500 Pathologists' Assistant

Mail the completed application form, reference form(s) with letter(s) (if required) and the application fee, by check or money order, made payable to the ASCP Board of Registry, OR provide credit card information and mail the application and reference form(s) with letter(s) (if required) to:

ASCP Board of Registry
3335 Eagle Way
Chicago, IL 60678-1033

Mail transcripts and general correspondence to:

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

Do not send applications, fees or credit card payments by Fax, Federal Express, Express Mail, Certified or Registered Mail.

Should you have questions, or if any of the information on the completed application form changes, please contact the ASCP Board of Registry office at 312-541-4999, or via e-mail at bor@ascp.org.



Application fees are non-refundable. Be sure you meet the eligibility requirements as stated and are able to provide the appropriate documentation **before** submitting your application form and fee.

Step 1: Indicate Examination Category and Route

Exam Category Route

Have you applied previously for this exam category?

If YES, indicate: Mo/Yr /

Step 2: Payment Information

Check/Money Order

Credit Card: Visa Master Card AMEX

Credit Card Number

- - -

Expiration Date / Fee Amount \$

Name of Cardholder (PLEASE PRINT)

Signature

Step 3: Personal Information (Fill out completely. Print plainly in black ink.)

U.S. Social Security Number - -

Mr. Mrs. Miss Ms.

Daytime Phone Number - -

Home Office

Last Name

First Name as it appears on your identification

Maiden Name (if applicable)

Email Address

Home Address

City (Country if foreign)

State

Zip Code

-

Birth Date

/ /

mm dd yyyy

Gender

F - Female
 M - Male

Ethnicity

(See Instructions)

Step 4: Prior ASCP Certification (if applicable)

Category

Certification Number

Step 5: Accredited Program Information (Skip to step 6 if you are applying based on working experience.)

NAACLS (MT, MLT, HT, HTL, PA)

School Code

Structured Program (BB, C, H, M)

CAAHEP (CT)

School Code

Advanced Military Program (MLT)

Date Program Began

/ /

Date Program Ends or Ended (Not graduation date)

/ /

Name of Institution

Name of Program Director

Telephone Number

Street Address

Please turn this page over and complete

Step 6: Academic Education (Required)

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

Associate/60 semester hours/90 quarter hours /

MA/MS /

BA/BS /

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 7: 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 a clinical laboratory accredited by CAP, The Joint Commission (JCAHO) or AABB 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 8: 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 9: 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 Registry. I agree to hold harmless the members, examiners, officers and agents of the Board of Registry 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 Registry 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 Registry 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 Registry.

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