

**INTERNATIONAL MEDICAL LABORATORY TECHNICIAN  
WORK EXPERIENCE REFERENCE FORM  
(Route 2)**

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

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**PART II** (To be completed by Employer or Laboratory Director)

**SUBJECT:** Verification of Experience for Examination Eligibility

This individual, identified above, has applied to be certified by the Board of Certification as an International Medical Laboratory Technician. In order to establish this applicant's eligibility for examination, the following information is necessary.

I. Please complete

**EMPLOYMENT** (including on-the-job training)

Date employment started                      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

How many hours per week? \_\_\_\_\_  
(average if necessary)

II. I verify that under my supervision this applicant has demonstrated proficiency in **every** area checked below.

Blood Banking \_\_\_\_\_                      Microbiology \_\_\_\_\_

Chemistry \_\_\_\_\_                              Immunology \_\_\_\_\_

Hematology \_\_\_\_\_                              Clinical Microscopy \_\_\_\_\_

III. **This form must be completed and signed by the Laboratory Director or the supervising Medical Technologist or it will not be acceptable.** By signing this form, I verify that this applicant has performed satisfactorily in the areas checked above.

\_\_\_\_\_  
(Please Print) LABORATORY DIRECTOR'S NAME AND TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LABORATORY DIRECTOR'S SIGNATURE

\_\_\_\_\_  
LABORATORY DIRECTOR'S E-MAIL ADDRESS

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP CODE

**APPLICANTS SHOULD MAIL, FAX, OR EMAIL THIS REFERENCE FORM WITH A LETTER OF AUTHENTICITY FROM THE EMPLOYER. THIS LETTER OF AUTHENTICITY MUST BE PRINTED ON INSTITUTION LETTERHEAD, STATE THAT THE REFERENCE FORM WAS COMPLETED BY THE EMPLOYER, AND INCLUDE THE DATE AND EMPLOYER'S SIGNATURE. REFERENCE FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE DIRECT THESE FORMS TO ASCP INTERNATIONAL.**