



ASCP International
 Suite 1600
 33 W Monroe St
 Chicago, IL 60603
 Fax: +1 312.541.4845
ascpinternational@ascp.org

**INTERNATIONAL MEDICAL TECHNOLOGIST
 STRUCTURED PROGRAM REFERENCE FORM
 (ROUTE 1, 3)**

STUDENT'S NAME _____

NAME OF PROGRAM _____

ATTACH PROGRAM CURRICULUM OR LIST BELOW:

	COURSE TITLE	CLOCK HOURS COMPLETED	CLOCK HOURS IN PROGRESS
BLOOD BANKING:	_____	_____	_____
CHEMISTRY:	_____	_____	_____
HEMATOLOGY:	_____	_____	_____
MICROBIOLOGY:	_____	_____	_____
IMMUNOLOGY:	_____	_____	_____
CLINICAL MICROSCOPY:	_____	_____	_____
OTHER:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

LENGTH OF STRUCTURED PROGRAM (in months) _____ **TYPE OF DEGREE** _____

EXPECTED DATE OF COMPLETION _____
(MONTH) (DAY) (YEAR)

This is to document that the above named student has successfully completed the current minimum academic requirements for the Board of Registry International Medical Technologist examination as checked and listed above, and has completed or will complete a baccalaureate degree or equivalent by the examination date. I verify that the named student is enrolled in a structured Medical Laboratory program at the institution mentioned below and that this student will successfully complete the structured Medical Laboratory program prior to the examination date. I agree to notify the Board of Registry promptly if the student fails to complete any of the conditions stipulated above.

(Please Print) PROGRAM OFFICIAL TITLE DATE

PROGRAM OFFICIAL'S SIGNATURE _____

NAME OF PROGRAM _____

EMAIL ADDRESS _____

INSTITUTION _____

ADDRESS _____

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