

Reference forms will be sent to you to be forwarded to your employer(s) for verification of your experience in Laboratory Informatics.

Present Employer _____

Address _____ City and State _____ Zip _____

Name of Supervising Laboratory Director or LIS Director _____

In what capacity do you serve? _____

Briefly describe your duties _____

7. ADDITIONAL INFORMATION (List positions held and dates of employment, giving name of laboratory, director and complete address.)

8. CLINICAL PRACTICUM If you have completed a 3-month Clinical Practicum, please complete this section.

Name of College/University where practicum completed _____ Date Completed _____

Name of Program Director _____

9. Please list below the names and addresses of two people who are likely to know your address at all times. Preferably give names of permanently located relatives or friends; people through whom we can trace you, if necessary.

1. _____
Name Address City and State Zip Phone
2. _____
Name Address City and State Zip Phone

Mother's Maiden Name _____

By submitting and signing this application, I acknowledge that this application will be reviewed and processed, and that an evaluation 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 this qualification, if granted, is based on the correctness of the information contained in, and supplied in support of, this application.

I further recognize that admission to take the qualification examination and any qualification I may have or be granted, may be revoked at any time, and that I may be barred from admission to take future qualification 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 qualification 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, or disclose or reveal any part of these examination materials, unless previously authorized in writing by the Board of Registry.

Applicant's Signature _____ Date _____

TEAR OFF THIS PAGE AND RETAIN FOR YOUR RECORDS.

QUALIFICATION ROUTES

ROUTE

1. ASCP Board of Registry Technologist or Specialist certification **AND** a baccalaureate degree from a regionally accredited college/university **AND** one year* of full time acceptable experience within the last four years in Laboratory Informatics to fulfill requirements listed below, **OR**
2. MLT(ASCP) or HT(ASCP) certification **AND** two years of full time acceptable clinical laboratory experience **AND** one year* full time acceptable experience within the last four years in Laboratory Informatics to fulfill requirements listed below, **OR**
3. Baccalaureate degree or higher from a regionally accredited college/university including 16 semester (24 quarter) hours of biological science with one semester of microbiology, 16 semester (24 quarter) hours of chemistry with one in organic or biochemistry, one semester (one quarter) of mathematics **AND** two years of full time acceptable clinical laboratory experience **AND** one year* full time acceptable experience within the last four years in Laboratory Informatics to fulfill requirements listed below.

NOTE: All experience must be completed in the United States or Canada.

***The year experience may include a three (3) month clinical practicum offered through an accredited college/university AND nine (9) months of experience.**

To fulfill experience for the Qualification in Laboratory Informatics, the candidate must document experience within the last four years in **eight** of the following ten categories:

- | | |
|--|---|
| 1. Hardware/Software change management and quality control | 6. Informatics system disaster recovery |
| 2. Database administration | 7. Interfaces: system to system |
| 3. Policy and procedure development | 8. Interfaces: system to instrument |
| 4. System analysis | 9. Security: physical data and administrative control |
| 5. Computer system and data quality assurance | 10. Software installation, validation and maintenance |

Experience is also required in **six** of the following ten categories:

- | | |
|--|---|
| 1. Billing and charge capture | 6. Network and data communications |
| 2. Regulatory compliance for clinical information systems and data | 7. Programming |
| 3. Budgeting and cost/benefit analysis | 8. Information system selection and procurement |
| 4. Coding and nomenclature systems | 9. LIS user teaching/training |
| 5. Hardware installation and maintenance | 10. Web site development and maintenance |

GUIDELINES FOR LABORATORY INFORMATICS QUALIFICATION

Competency in Laboratory Informatics must be demonstrated through completion of a project as defined on the enclosed sheet. The purpose of this qualification is to assess the competency of candidates in Laboratory Informatics. Assessment of the examinee will be based on the evaluation of the project that will be completed by the candidate. All materials submitted as part of this project for the Qualification in Laboratory Informatics become the property of the Board of Registry.

A complete instruction booklet for completion of the project will be mailed to the candidate upon determination of eligibility for examination.

Qualification Time Limits and Revalidation

Candidates who complete the qualification process in Laboratory Informatics, including completion of the eligibility requirements and successful completion of the Project, will receive documentation of their Qualification in Laboratory Informatics which is valid for five years.

This Qualification may be revalidated every five years upon payment of a fee (currently \$50) and documentation of 30 contact hours of acceptable continuing education related to Laboratory Informatics.

This Qualification will not, in itself, entitle the individual to membership in the Associate Member Section of the ASCP. Individuals must be ASCP certified as a technician, technologist or specialist to be eligible for membership.

IMPORTANT INSTRUCTIONS FOR COMPLETING APPLICATION FORM

NOTE: The Board of Registry does not establish eligibility of any candidate from information that is supplied through correspondence alone. Our office must base all decisions on a review and verification of information supplied through formal application.

1. To prevent delay in processing your application, carefully and completely fill in all information blanks that apply to you. If the requested information does not apply to you, enter N/A (not applicable) where appropriate.
2. Be sure to indicate your correct social security number in this space in Section 2. This number will be used as identification throughout the application process. If you do not have an U.S. Social Security Number, do not fill in this space in Section 2. An identification number will be assigned to you.
3. Please be sure to sign the application form on Page 2.
4. Include with your application a check or money order for \$200.00 payable to "**Board of Registry**" (DO NOT SEND CASH) or complete the credit card information in the space provided. All fees must be submitted in U.S. currency. Your application will be returned to you if it is not accompanied by a fee or credit card information.
5. Fees paid by Employers/Institutions - Your application will be returned to you if it is not accompanied by a fee. Purchase Orders or Vouchers will not be accepted for application fees. Check or credit card information must accompany the application form.
6. When you have completed the application form, mail the application and appropriate fee OR credit card information to: Board of Registry, 3335 Eagle Way, Chicago, Illinois 60678-1033.
7. This application will remain valid for a period of five years from the date of submission. When reapplying a full fee should be submitted.

After five years it will be necessary for you to submit a new application form with the full fee. You must also meet current requirements for eligibility in this category.

APPLICATION PROCEDURES

Verification of Clinical Laboratory Experience and/or Clinical Practicum

Reference forms must be downloaded and printed for the ASCP website at:

www.ascp.org/certification/certifyingexaminations/qual_procedures/eligibility under laboratory informatics. The reference forms must be completed by your employer and attached to a letter signed by your employer verifying the authenticity of the form. This letter must be printed on original letterhead and state that the reference form was completed by the employer, with the date and signature. Reference forms will be audited to verify authenticity.

Include the reference form and letter with your application and fee.

Full and Part-Time Experience Defined

Full time experience is defined as a minimum of thirty-five (35) hours per week. Individuals who have part time experience may be permitted to utilize prorated part-time experience to meet the work experience requirements. Please contact the Board of Registry office for specific information regarding the acceptability of part-time experience prior to applying. The number of months of experience required must be completed within the last five years, calculated from the date of application.

Project

Upon determination of your eligibility for examination you will be e-mailed a complete instruction booklet and you will be given a three (3) month period to complete your project. If you are unable to complete your project within the three (3) month period you will need to submit a full fee of \$175.00 to reapply at a later date. No refund will be issued.

MAILING ADDRESSES

GENERAL CORRESPONDENCE/TRANSCRIPTS:

ASCP Board of Registry
33 W Monroe St, Suite 1600
Chicago, IL 60603-5300

APPLICATIONS/FEES:

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

GENERAL INFORMATION

(312) 541-4956