



ASCP Board of Registry
 Suite 1600
 33 W Monroe St
 Chicago, IL 60603
 (312) 541-4979

**DIPLOMATE IN
 LABORATORY MANAGEMENT
 REFERENCE FORM
 (Routes 1, 2, 3, 4, 5 & 6)**

 Applicant's Name and Title

 Social Security #

 Address

 E-mail Address

() _____
 Daytime Telephone Number

PART I (To be completed by Employer)

This individual, identified above, has applied for Board of Registry Certification as a Diplomate in Laboratory Management. In order to establish this applicant's eligibility for examination, the following information is necessary.

Please complete - Verification of Experience for Examination Eligibility

EMPLOYMENT

Date employment started in clinical laboratory supervision or management.

Month _____ Day _____ Year _____

Date employment ended in clinical laboratory supervision or management.

Month _____ Day _____ Year _____

How many hours per week employed? _____

What percentage of time is spent in clinical laboratory supervision or management? ___%

PART II. (To be completed by Applicant)

Please place an X next to each of the areas for which you are responsible or participate in. (Experience is required in 20 of the 32 areas listed below.)

FINANCIAL MANAGEMENT

- ___ Budgets
- ___ Capital equipment acquisition
- ___ Cost analysis
- ___ Materials management: purchasing
- ___ Financial accounting
- ___ Reimbursement issues
- ___ Materials management: inventory control
- ___ Contract negotiations
- ___ Cash flow analysis
- ___ Billing and collection

OPERATIONS MANAGEMENT

- ___ Performance improvement
- ___ Licensure/accreditation
- ___ Safety
- ___ Intra/Interdepartmental relations
- ___ Information Technology
- ___ Risk management/medical legal issues
- ___ Facilities management
- ___ Data Management
- ___ Productivity

MARKETING MANAGEMENT

- Product development
- Consumer relations
- Market research
- Managed care

PERSONNEL MANAGEMENT

- Motivation
- Staffing/scheduling
- Performance standards/evaluations
- Counseling/disciplinary action
- Education and training/continuing education
- Job descriptions
- Wage and salary administration
- Personnel negotiations
- Conflict resolution

PART III (To be completed by Employer)

This form must be completed and signed by the employer. By signing this form, I verify that this applicant has performed laboratory management or supervision satisfactorily in the areas listed on the reverse side of this form.

(Please Print) EMPLOYER'S NAME, TITLE AND CERTIFICATIONS

DATE

EMPLOYER'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.