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

TECHNOLOGIST IN HEMATOLOGY REFERENCE FORM (Routes 2 & 4)

PART I (To be completed by Applicant)

Applicant's Name _____ Social Security # _____

Address _____ E-mail Address _____

City _____ State _____ Zip _____ ( ) Daytime Telephone Number _____

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PART II (To be completed by Employer)

SUBJECT: Verification of Experience for Examination Eligibility

This individual, identified above, has applied for Board of Registry Certification as a Technologist in Hematology. 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 in Hematology Month _____ Day _____ Year _____

Date employment ended in Hematology Month _____ Day _____ Year _____

How many hours per week in Hematology? _____

II. Please place an X by each procedure that has been performed satisfactorily under your supervision by this applicant. (Experience is required in all procedures listed.)

_____ Blood smear, evaluation and differential
_____ Complete Blood Count
_____ Routine coagulation tests (e.g. PT, APTT)

III. Please place an X by each procedure that has been performed satisfactorily under your supervision by this applicant. (Experience is required in 3 of 4 procedures listed.)

_____ Instrument maintenance
_____ Miscellaneous tests (e.g. reticulocyte ESR, sickle screen)
_____ Quality Control: performance and evaluation
_____ Special coagulation tests (e.g. fibrinogen, FDP/D-dimer)

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

(Please Print) LABORATORY DIRECTOR'S or SUPERVISOR'S NAME, TITLE AND CERTIFICATION _____ DATE _____

LABORATORY DIRECTOR'S or SUPERVISOR'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.