ASCP Board of Registry
Suite 1600
33 W Monroe St
Chicago, IL 60603
(312) 541-4972

HT/HTL
REFERENCE FORM
(Route 2)

Examination Category

PART I (To be completed by Applicant)

Applicant's Name

Social Security #

Address

E-mail Address

( ) 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 in the category identified. 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 Histopathology Month _____ Day ___ Year _____

Date employment ended in Histopathology Month _____ Day ___ Year _____

How many hours per week in Histopathology?_____

II. *This form must be completed and signed by the Laboratory Director (Physician or Medical Scientist) or it will not be acceptable.* By signing this form, I verify that this applicant has performed satisfactorily in the area of Histopathology including Fixation, Processing, Microtomy, and Staining.

Yes _____ No _____

If no, please explain on reverse side.

(Please Print) LABORATORY DIRECTOR'S AND TITLE

DATE

LABORATORY DIRECTOR'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.