



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

**TECHNOLOGIST IN MICROBIOLOGY**  
**REFERENCE FORM**  
**(Routes 2 & 4)**

**PART I (To be completed by Applicant)**

Applicant's Name	Social Security #
Address	E-mail Address
	(     ) Daytime Telephone Number

**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 Microbiology. 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 Microbiology. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date employment ended in Microbiology. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week in Microbiology? \_\_\_\_\_

II. Please place an X by each section in which this applicant has demonstrated proficiency under your supervision. Experience is required in bacteriology and 2 of the other 4 sections.

<u>REQUIRED</u>	<u>2 SECTIONS REQUIRED</u>
_____ Bacteriology	_____ Mycology
	_____ Mycobacteriology
	_____ Parasitology
	_____ Virology

III. *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 Microbiology 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.**