



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

**MOLECULAR PATHOLOGY
 REFERENCE FORM
 (Routes 3 & 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 Certification

This individual, identified above, has applied for Board of Registry Certification in Molecular Pathology. In order to establish this applicant's eligibility for certification, the following information is necessary.

I. Please complete.

EMPLOYMENT (including on-the-job training)

Date employment started in Molecular Pathology. Month ____ Day _____ Year _____

Date employment ended in Molecular Pathology. Month ____ Day _____ Year _____

How many hours per week in Molecular Pathology? _____

II. Check all areas in which this individual has experience.

- _____ Infectious Disease (i.e. molecular microbiology, molecular organism typing)
- _____ Hematology/Oncology (i.e. hematologic lymphoid neoplasms/neoplasia)
- _____ Genetics (i.e. mutations, inherited gene disorders)
- _____ Histocompatibility (i.e. DNA-based tissue typing)
- _____ Solid Tumors (i.e. tumor gene markers)
- _____ Molecular Identity Testing (i.e. bone marrow engraftment, paternity, forensic)

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 Molecular Pathology.

 (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.