



**ASCP Board of Registry**  
**Suite 1600**  
**33 W Monroe St**  
**Chicago, IL 60603**  
**(312) 541-4999**

**LABORATORY COMPLIANCE (QLC)**  
**QUALIFICATION REFERENCE**

**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 Qualification

This individual, identified above, has applied for Board of Registry Qualification in Laboratory Compliance. In order to establish this applicant's eligibility for qualification, the following information is necessary. This form must be completed and signed by an appropriately qualified supervisor.

**I. Please complete**

EMPLOYMENT (Including on-the-job training)

Date responsibility started in Laboratory Compliance: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date responsibility ended in Laboratory Compliance: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week in Laboratory Compliance? \_\_\_\_\_

**II. Directions:** Please review the Laboratory Compliance experience of this applicant. He/she must have acceptable Laboratory Compliance experience in **three** of the five areas listed below. Check the areas in which experience is acceptable.

- \_\_\_\_\_ Auditing
- \_\_\_\_\_ Coding
- \_\_\_\_\_ Billing
- \_\_\_\_\_ Compliance Education
- \_\_\_\_\_ Policies

**III.** *This form must be completed and signed by the Department Director or it will not be acceptable.* By signing this form, I verify that this applicant has acceptable experience in the areas checked above. Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, please explain below.

\_\_\_\_\_  
 (PLEASE PRINT) DEPARTMENT DIRECTOR'S NAME, TITLE AND CERTIFICATION

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 DEPARTMENT 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. This 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.**