



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

**QUALIFICATION IN LABORATORY INFORMATICS (QLI)
 EXPERIENCE REFERENCE FORM**

Applicant's Name _____

Social Security # _____

Address _____

E-mail Address _____

City _____ State _____ Zip _____

() _____

Daytime Telephone Number

PART I (To be completed by Employer)

This individual, identified above, has applied for Board of Registry Qualification in Laboratory Informatics. In order to establish this applicant's eligibility, the following information is necessary.

Please complete - Verification of Experience for Eligibility

EXPERIENCE

Date **experience** started: Month ____ Day _____ Year _____

Date **experience** ended: Month ____ Day _____ Year _____

How many hours per week in Laboratory Informatics: _____

How many hours per week in other areas of the laboratory: ____

PART II. (To be completed by Applicant)

Please place an X next to each of the areas for which you are responsible or participate. (Experience is required in **eight** of the following ten categories listed.)

- | | |
|--|---|
| <input type="checkbox"/> Hardware/Software change management and quality control | <input type="checkbox"/> Informatics system disaster recovery |
| <input type="checkbox"/> Database administration | <input type="checkbox"/> Interfaces: system to system |
| <input type="checkbox"/> Policy and procedures development | <input type="checkbox"/> Interfaces: system to instrument |
| <input type="checkbox"/> System analysis | <input type="checkbox"/> Security: physical data and administrative control |
| <input type="checkbox"/> Computer system and data quality assurance | <input type="checkbox"/> Software installation, validation and maintenance |

Please place an X next to each of the areas for which you are responsible or participate. (Experience is required in **six** of the following ten categories listed.)

- | | |
|--|---|
| <input type="checkbox"/> Billing and charge capture | <input type="checkbox"/> Network and data communications |
| <input type="checkbox"/> Regulatory compliance for clinical information systems and data | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Budgeting and cost/benefit analysis | <input type="checkbox"/> Information system selection and procurement |
| <input type="checkbox"/> Coding and nomenclature systems | <input type="checkbox"/> LIS user teaching/training |
| <input type="checkbox"/> Hardware installation and maintenance | <input type="checkbox"/> Web site development and maintenance |

PART III (To be completed by Employer)

This form must be completed and signed by the supervising Laboratory Director OR LIS Director. By signing this form, I verify that this applicant has performed Laboratory Informatics satisfactorily in the areas listed on the reverse side of this form.

(Please Print) NAME, TITLE AND CERTIFICATIONS

DATE

SIGNATURE: Supervising Laboratory Director or LIS Director

() _____
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.