



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

SPECIALIST IN CHEMISTRY
REFERENCE FORM
(Routes 1, 2 & 3)

PART I (To be completed by Applicant)

Applicant's Name _____
 Address _____

Social Security # _____
 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 Specialist in Chemistry. 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 Chemistry. Month _____ Day _____ Year _____

Date employment ended in Chemistry. Month _____ Day _____ Year _____

How many hours per week in Chemistry? _____

II. Please place an X by each procedure that has been performed proficiently including pre-analytical, analytical and post-analytical phases of testing under your supervision by this applicant.

(Experience is required in 8 of the 12 procedures listed.)

- | | |
|-------------------------|--------------------------------------|
| _____ Blood gases | _____ Lipids/lipoproteins |
| _____ Carbohydrates | _____ Non-protein nitrogen compounds |
| _____ Electrolytes | _____ Proteins |
| _____ Enzymes | _____ Therapeutic drug monitoring |
| _____ Heme compounds | _____ Toxicology |
| _____ Hormones/vitamins | _____ Point-of-care |

III. Please place an X by the areas in which the applicant has had experience.

(Experience is required in 2 of the 6 areas listed.)

- | | |
|---|------------------------------|
| _____ New test development | _____ Regulatory compliance |
| _____ Procurement of laboratory equipment | _____ Supervisory experience |
| _____ Quality control program | _____ Teaching |

IV. *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 Chemistry 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.