



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

**SPECIALIST IN LABORATORY SAFETY
 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 Laboratory Safety. 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 laboratory safety responsibility commenced: Month _____ Day _____ Year _____
 Date ended (if applicable): Month _____ Day _____ Year _____

II. Please indicate the hours per month which the applicant spends in the areas indicated below.

NOTE: To qualify for examination, the applicant must have acceptable experience in 4 of the 8 areas.

ESTIMATED
HOURS PER MONTH

_____	Biohazard Control (e.g. bloodborne pathogens, infection control)
_____	Chemical safety
_____	Ergonomics
_____	First aid
_____	Fire safety
_____	Physical and Environmental (e.g. electrical, equipment, spills,
_____	Safety Management (e.g. Risk Assessment, Monitoring, Safety Committee)
_____	waste management, shipping)
_____	Training and education

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 performed satisfactorily in the area of laboratory safety.*

 (Please Print) DEPARTMENT DIRECTOR'S NAME & TITLE

 DATE

 DEPARTMENT DIRECTOR'S SIGNATURE

 DATE

 E-MAIL

 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.