



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

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

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 Examination Eligibility

This individual, identified above, has applied for Board of Registry Certification as a Specialist in Microbiology. 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 Microbiology. Month _____ Day _____ Year _____
 Date employment ended in Microbiology. Month _____ Day _____ Year _____
 How many hours per week in Microbiology? _____
- II. Please place an X by each section in which this applicant has demonstrated proficiency under your supervision. Experience is required in bacteriology and 3 of the other 4 sections.

REQUIRED

3 SECTIONS REQUIRED

_____ Bacteriology

_____ Mycology
 _____ Mycobacteriology
 _____ Parasitology
 _____ Virology

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 Microbiology 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.