



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

INTERNATIONAL MEDICAL LABORATORY TECHNICIAN
REFERENCE FORM
(Route 2)

PART I (To be completed by Applicant)

Applicant's Name _____

Address _____

E-mail Address _____

****PART II** (To be completed by Employer or Laboratory Director)

SUBJECT: Verification of Experience for Examination Eligibility

This individual, identified above, has applied for Board of Registry Certification as an International Medical Laboratory Technician. 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 Month _____ Day _____ Year _____

Date employment ended Month _____ Day _____ Year _____

How many hours per week? _____
 (average if necessary)

II. I verify that under my supervision this applicant has demonstrated proficiency in **every** area checked below.

Blood Banking _____ Microbiology _____

Chemistry _____ Immunology _____

Hematology _____ Clinical Microscopy _____

III. **This form must be completed and signed by the Laboratory Director or the supervising Medical Technologist or it will not be acceptable.** By signing this form, I verify that this applicant has performed satisfactorily in the areas checked above.

 (Please Print) LABORATORY DIRECTOR'S NAME AND TITLE

 DATE

 LABORATORY DIRECTOR'S SIGNATURE

 LABORATORY DIRECTOR'S E-MAIL ADDRESS

 INSTITUTION

 CITY

 ZIP CODE

Applicant should fax or email this reference form and a letter of authenticity:
Fax: 312-541-4845 Email: ascpinternational@ascp.org
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 the employer and include the date and employer's signature. Reference forms received without letters of authenticity are unacceptable.