



ASCP Board of Registry
 Suite 1600
 33 W Monroe St
 Chicago, IL 60603
 (312) 541-4972

**INTERNATIONAL TECHNOLOGIST IN MOLECULAR PATHOLOGY
 REFERENCE FORM
 (Routes 2 & 3)**

PART I (To be completed by Applicant)

Applicant's Name _____
 Address _____ E-mail Address _____

PART II (To be completed by Employer)

SUBJECT: Verification of Experience for Certification

This individual, identified above, has applied for Board of Registry International Certification in Molecular Pathology. In order to establish this applicant's eligibility for certification, the following information is necessary.

I. Please complete.

EMPLOYMENT (including on-the-job training)

Date employment started in Molecular Pathology. Month ____ Day _____ Year _____
 Date employment ended in Molecular Pathology. Month ____ Day _____ Year _____
 How many hours per week in Molecular Pathology? _____

II. Check all areas in which this individual has experience.

- _____ Infectious Disease (i.e. molecular microbiology, molecular organism typing)
- _____ Hematology/Oncology (i.e. hematologic lymphoid neoplasms/neoplasia)
- _____ Genetics (i.e. mutations, inherited gene disorders)
- _____ Histocompatibility (i.e. DNA-based tissue typing)
- _____ Solid Tumors (i.e. tumor gene markers)
- _____ Molecular Identity Testing (i.e. bone marrow engraftment, paternity, forensic)

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 Molecular Pathology.

(Please Print) LABORATORY DIRECTOR'S or SUPERVISOR'S NAME, TITLE AND CERTIFICATION _____ DATE _____

LABORATORY DIRECTOR'S or SUPERVISOR'S SIGNATURE _____

LABORATORY DIRECTOR'S OR SUPERVISOR'S EMAIL ADDRESS _____ E-MAIL ADDRESS _____

INSTITUTION _____

INSTITUTION ADDRESS _____

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.