

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

Address

Email Address

PART II (MUST BE COMPLETED AND SIGNED BY LABORATORY MANAGEMENT* OR EMPLOYER IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF WORK EXPERIENCE FOR EXAMINATION ELIGIBILITY

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

1. 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? _____ (average, if necessary)

2. DIRECTIONS: Please review the work experience of this applicant. Please place an **X** by each procedure that has been performed satisfactorily including pre-analytical, analytical and post-analytical phases of testing under your supervision by this applicant. (NOTE: Experience is required in **8** of the 15 procedures listed below.)

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

3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT* OR EMPLOYER VERIFY THAT THIS APPLICANT IS PROFICIENT IN EACH OF THE CHEMISTRY AREAS CHECKED ON THIS FORM.

(Please Print) Laboratory Management* or Employer Name

Title

Laboratory Management* or Employer Signature

Date

Laboratory Management* or Employer Email Address

Institution Telephone Number

Institution

Institution Address

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR LABORATORY MANAGEMENT* OR EMPLOYER WITH THIS WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR LABORATORY MANAGEMENT* OR EMPLOYER. WORK EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE MAIL OR EMAIL THESE FORMS TO ASCP INTERNATIONAL: ascpinternational@ascp.org

**Management is defined as someone in a management role who can verify technical experience.*