



# INTERNATIONAL TECHNOLOGIST IN CHEMISTRY TRAINING DOCUMENTATION FORM (Route 5)

## PART I (TO BE COMPLETED BY APPLICANT)

Student's Name \_\_\_\_\_

Name of Program \_\_\_\_\_

**PART II (MUST be completed and signed by Program Director in order to be acceptable. All eligible clinical training must be completed outside of the classroom setting as part of their internship, laboratory/industrial posting, clinical rotation, service or practicum.)**

### 1. SUBJECT: VERIFICATION OF CLINICAL TRAINING FOR EXAMINATION ELIGIBILITY

Please check (✓) if the applicant has completed clinical training as part of their academic program. \_\_\_\_\_

### 2. DIRECTIONS:

Please check (✓) by each area in which this applicant has obtained clinical training as part of their academic program. (NOTE: It is the applicant's responsibility to ensure clinical training is documented in all **FOUR** areas as required for eligibility.)

Blood Banking (Immunohematology) \_\_\_\_\_ Microbiology \_\_\_\_\_  
Chemistry \_\_\_\_\_ Hematology \_\_\_\_\_

**LENGTH OF CLINICAL TRAINING PROGRAM: (IN MONTHS)** \_\_\_\_\_ **TYPE OF DEGREE** \_\_\_\_\_

**DATE OF COMPLETION:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

This is to document that the above named student has successfully completed the current minimum academic requirements for the Board of Certification International Technologist in Chemistry examination as checked and listed above, and has completed a baccalaureate degree or equivalent by the examination date.

I verify that the named student is enrolled in a Medical Laboratory clinical training program at the institution mentioned below.

\_\_\_\_\_  
(Please Print) Program Director's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Program

\_\_\_\_\_  
Program Director's Email Address

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Institution Telephone Number

\_\_\_\_\_  
Institution Address

**BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR. TRAINING DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE EMAIL THESE FORMS TO ASCP INTERNATIONAL: [ascpinternational@ascp.org](mailto:ascpinternational@ascp.org)**