

PART I (TO BE COMPLETED BY APPLICANT)



INTERNATIONAL TECHNOLOGIST IN CYTOGENETICS

TRAINING DOCUMENTATION FORM (Route 1)

Student's Name

Name of Program	
PART II (MUST be completed and signed by Program Director in order to training must be completed outside of the classroom setting laboratory/industrial posting, clinical rotation, service or practicum.	ing as part of their internship,
SUBJECT: VERIFICATION OF CLINICAL TRAINING FOR EXAMINATION ELIGIBILITY Please check (✓) if the applicant has completed clinical training as part of the	
2. DIRECTIONS:	
Please check (\checkmark) if this applicant has obtained clinical training in Cytogenetics (NOTE: It is the applicant's responsibility to ensure clinical training is document Cytogenetics	
LENGTH OF CLINICAL TRAINING PROGRAM: (IN MONTHS)	PE OF DEGREE
DATE OF COMPLETION: Month Day Year	<u> </u>
This is to document that the above named student has successfully comple requirements for the Board of Certification International Technologist in Cytogene above, and has completed a baccalaureate degree or equivalent by the examination verify that the named student has completed a Cytogenetics clinical training programs.	tics examination as checked and listed n date.
(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.

See www.ascp.org/boc/intl-documentation for submission instructions.