



INTERNATIONAL TECHNOLOGIST IN CYTOGENETICS
 WORK EXPERIENCE DOCUMENTATION FORM (Routes 2 & 3)

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 Cytogenetics 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 Cytogenetics: Month _____ Day _____ Year _____

Date employment **ended** in Cytogenetics: Month _____ Day _____ Year _____

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

2. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT* OR EMPLOYER VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE AREA OF CYTOGENETICS.

(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.*