



## INTERNATIONAL CYTOLOGIST TRAINING DOCUMENTATION FORM (Route 1)

## PART I (TO BE COMPLETED BY APPLICANT)

Student's Name  Name of Program	
SUBJECT: VERIFICATION OF CLINICAL TRAINING FOR EXAMINATION ELIGIBED Please check (✓) if the applicant has completed clinical training as part of	
2. DIRECTIONS:	
Please check ( $\checkmark$ ) if this applicant has obtained clinical training in Cytology a It is the applicant's responsibility to ensure clinical training is documented a Cytology	
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 comrequirements for the Board of Certification International Cytologist examination completed a baccalaureate degree or equivalent by the examination date.  Verify that the named student has completed a Cytology clinical training programmers.	on as checked and listed above, and has
(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	
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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.