



# INTERNATIONAL CYTOTECHNOLOGIST EXPERIENCE DOCUMENTATION FORM (Routes 2 & 4)

## PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

ASCP Customer ID #

Email Address

Address

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

### SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

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

#### 1. PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)

Date experience **started** in Cytology:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date experience **ended** in Cytology:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week in Cytology? \_\_\_\_\_ (average, if necessary)

#### 2. DIRECTIONS: Please review the experience of this applicant. Please place an **X** next to each area to verify the applicant has performed satisfactorily in **ALL** of the following Cytology areas:

- \_\_\_\_\_ Gynecological cytology
- \_\_\_\_\_ Non-gynecological cytology
- \_\_\_\_\_ Fine needle aspiration (FNA)
- \_\_\_\_\_ Laboratory operations

#### 3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT\* OR EMPLOYER VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN EACH OF THE CYTOLOGY 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 EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR LABORATORY MANAGEMENT\* OR EMPLOYER. EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE EMAIL THESE FORMS TO ASCP INTERNATIONAL: [ascpinternational@ascp.org](mailto:ascpinternational@ascp.org)**

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