



**INTERNATIONAL TECHNOLOGIST IN  
GYNECOLOGIC CYTOLOGY  
TRAINING DOCUMENTATION FORM (Route 1)**

**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.)**

Please check (✓) if the applicant has completed a Cytotechnology program that contained both **theory and practice** in gynecologic cytology. \_\_\_\_\_

**LENGTH OF CYTOTECHNOLOGY 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 Gynecologic Cytology examination as checked and listed above, and has completed the minimum of a 2 year diploma or equivalent by the examination date.

I verify that the named student has completed a Cytotechnology 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 MAIL OR EMAIL THESE FORMS TO ASCP INTERNATIONAL: [ascpinternational@ascp.org](mailto:ascpinternational@ascp.org)**