



**INTERNATIONAL TECHNOLOGIST
IN GYNECOLOGIC CYTOLOGY**
EXPERIENCE DOCUMENTATION FORM (Route 2)

PART I (TO BE COMPLETED BY APPLICANT)

<hr/> Applicant's Name	<hr/> ASCP Customer ID #
<hr/> Email Address	<hr/> 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 Technologist in Gynecologic Cytology 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 Gynecologic Cytology: Month _____ Day _____ Year _____

Date experience **ended** in Gynecologic Cytology: Month _____ Day _____ Year _____

How many hours per week in Gynecologic Cytology? _____ (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 GYNECOLOGIC CYTOLOGY.

<hr/> (Please Print) Laboratory Management* or Employer Name	<hr/> Title
<hr/> Laboratory Management* or Employer Signature	<hr/> Date
<hr/> Laboratory Management* or Employer Email Address	<hr/> Institution Telephone Number
<hr/> Institution	
<hr/> 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

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