



## INTERNATIONAL TECHNOLOGIST IN HEMATOLOGY

TRAINING DOCUMENTATION FORM (Route 3)

## PART I (TO BE COMPLETED BY APPLICANT) Student's Name

	Name of Program			
P	ART II (MUST be completed and signed training must be completed delaboratory/industrial posting, clin	outside of the cl	lassroom s	etting as part of their internship,
1.	SUBJECT: VERIFICATION OF CLINICAL TRAINING FOR EXAMINATION ELIGIBILITY			
	Please check (✓) if the applicant has completed clinical training as part of their academic program			
2.	DIRECTIONS:			
	Please check ( $\checkmark$ ) if this applicant has obtained clinical training in Hematology as part of their academic program. (NOTE: It is the applicant's responsibility to ensure clinical training is documented as required for eligibility.)			
	Hematology			
	LENGTH OF CLINICAL TRAINING PROGR	RAM: (IN MONTHS)		TYPE OF DEGREE
	DATE OF COMPLETION: Month	Day	Year	
re	nis is to document that the above name equirements for the Board of Certification In bove, and has completed a baccalaureate de	nternational Technolo	ogist in Hem	atology examination as checked and listed
I۷	verify that the named student has completed	d a Hematology clinic	cal training p	rogram at the institution mentioned.
(Please Print) Program Director's Name				Title
Program Director Signature			Date	
Name of Program			Program Director's Email Address	
Institution			Institution Telephone Number	
-	nstitution Address			<del></del>

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.