



INTERNATIONAL TECHNOLOGIST IN HEMATOLOGY

WORK EXPERIENCE DOCUMENTATION FORM (Routes 2 & 4)

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

Address

Email Address

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

SUBJECT: VERIFICATION OF WORK EXPERIENCE FOR EXAMINATION ELIGIBILITY

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

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

Date employment **started** in Hematology: Month _____ Day _____ Year _____

Date employment **ended** in Hematology: Month _____ Day _____ Year _____

How many hours per week in Hematology? _____ (average, if necessary)

2. DIRECTIONS: Please review the work experience of this applicant.

A. Please place an **X** by each procedure that has been performed satisfactorily under your supervision by this applicant. (NOTE: Experience is required in **ALL** of the procedures listed below.)

_____ Blood smear, evaluation and differential _____ Quality control: performance and evaluation

_____ Complete blood count _____ Routine coagulation tests (e.g., PT, APTT, D-dimer)

B. Please place an **X** by each procedure that has been performed satisfactorily under your supervision by this applicant. (NOTE: Experience is required in **2** of the 3 areas listed below.)

_____ Instrument maintenance / troubleshooting

_____ Miscellaneous tests (e.g., ESR, sickle screen, manual cell count, reticulocyte)

_____ Other coagulation tests (e.g., fibrinogen, factor assays, hypercoagulability)

3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT* OR EMPLOYER VERIFY THAT THIS APPLICANT IS PROFICIENT IN EACH OF THE HEMATOLOGY 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 WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR LABORATORY MANAGEMENT* OR EMPLOYER. WORK EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE MAIL OR EMAIL THESE FORMS TO ASCP INTERNATIONAL: ascpinternational@ascp.org

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