INTERNATIONAL HISTOTECHNICIAN
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. All eligible clinical training must be completed outside of the classroom setting as part of their internship, laboratory/industrial posting, clinical rotation, service or practicum.)

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 (✓) if this applicant has obtained clinical training in Histotechnology as part of their academic program.
   (NOTE: It is the applicant’s responsibility to ensure clinical training is documented as required for eligibility.)
   Histotechnology ______
   LENGTH OF CLINICAL TRAINING 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 Histotechnician examination as checked and listed above, and has completed a baccalaureate degree or equivalent by the examination date.

I verify that the named student has completed a Histotechnician or Histotechnologist clinical training 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 EMAIL THESE FORMS TO ASCP INTERNATIONAL: ascpinternational@ascp.org