



# INTERNATIONAL HISTOTECHNICIAN EXPERIENCE DOCUMENTATION FORM (Route 2)

## PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

ASCP Customer ID #

Email Address

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 Histotechnician 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 Histotechnology:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date experience **ended** in Histotechnology:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week in Histotechnology? \_\_\_\_\_ (average, if necessary)

**2. DIRECTIONS:** Please review the experience of this applicant. Please place an **X** by each area in which this applicant has performed satisfactorily under your supervision by using **The Guidelines for Evaluating Experience of a Candidate for Histotechnology**. (NOTE: It is the applicant's responsibility to ensure experience is documented in **ALL FIVE** areas required for eligibility.)

_____ Fixation	_____ Staining
_____ Processing	_____ Laboratory Operations
_____ Embedding / Microtomy	

#### 3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT\* OR EMPLOYER VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN EACH OF THE HISTOTECHNOLOGY 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 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.**

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

See [www.ascp.org/boc/intl-documentation](http://www.ascp.org/boc/intl-documentation) for submission instructions.

## GUIDELINES FOR EVALUATING EXPERIENCE OF A CANDIDATE

### HISTOTECHNOLOGY

To qualify for certification as an international histotechnician, the applicant should be competent to perform **ALL** of the tests and procedures indicated. Competency may be demonstrated through direct observation of performance or review of results. The international histotechnician should have the equivalent knowledge and skill to those of a graduate of an accredited Histotechnology program:

AREA OF EXPERIENCE	EXTENT OF EXPERIENCE
<b>FIXATION</b>	<ul style="list-style-type: none"> <li>• Tissue Identification</li> <li>• Parameters (e.g., pH, time, temperature)</li> <li>• Reagents</li> <li>• Selection, preparation, and use of fixatives for various applications</li> <li>• Troubleshooting/problem solving of fixation artifacts</li> </ul>
<b>PROCESSING</b>	<ul style="list-style-type: none"> <li>• Selection, preparation, and use of decalcification reagents</li> <li>• Selection of appropriate processing methods for:               <ul style="list-style-type: none"> <li>○ Routine histology</li> <li>○ Immunohistochemistry</li> <li>○ Cytology</li> </ul> </li> <li>• Operation and maintenance of a tissue processor</li> </ul>
<b>EMBEDDING / MICROTOMY</b>	<ul style="list-style-type: none"> <li>• Embedding               <ul style="list-style-type: none"> <li>○ Tissue identification and orientation</li> <li>○ Operation and maintenance of an embedding center</li> </ul> </li> <li>• Microtomy               <ul style="list-style-type: none"> <li>○ Paraffin</li> <li>○ Frozen</li> </ul> </li> <li>• Operation and maintenance of a microtome / water bath and cryostat</li> </ul>
<b>STAINING</b>	<ul style="list-style-type: none"> <li>• Selection of appropriate control material</li> <li>• Reagent preparation</li> <li>• Operation and maintenance of staining equipment</li> <li>• Mounting and coverslipping procedures</li> <li>• Identification of tissue structures and their staining characteristics</li> <li>• Routine staining (i.e., H&amp;E)</li> <li>• Special staining               <ul style="list-style-type: none"> <li>○ Carbohydrates and amyloid</li> <li>○ Connective tissue</li> <li>○ Microorganisms</li> <li>○ Pigments and minerals</li> </ul> </li> </ul>
<b>LABORATORY OPERATIONS</b>	<ul style="list-style-type: none"> <li>• Operation, preventive maintenance, and corrective action for equipment</li> <li>• Troubleshooting</li> <li>• Quality control</li> <li>• Application of laboratory safety protocols</li> </ul>