INTERNATIONAL TECHNOLOGIST IN MICROBIOLOGY
TRAINING DOCUMENTATION FORM (Route 5)

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 (✓) by each area in which this applicant has obtained clinical training as part of their academic program.
   (NOTE: It is the applicant’s responsibility to ensure clinical training is documented in all FOUR areas as required for eligibility.)

   Blood Banking (Immunohematology) ______  Microbiology ______
   Chemistry ______  Hematology ______

   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 Technologist in Microbiology 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 Medical Laboratory 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.

See www.ascp.org/boc/intl-documentation for submission instructions.