



INTERNATIONAL TECHNOLOGIST IN MOLECULAR BIOLOGY
 WORK EXPERIENCE DOCUMENTATION FORM (Routes 4 & 5)

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 Molecular Biology 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 Molecular Biology: Month _____ Day _____ Year _____
 Date employment **ended** in Molecular Biology: Month _____ Day _____ Year _____
 How many hours per week in Molecular Biology? _____ (average, if necessary)

2. DIRECTIONS: Please review the work experience of this applicant. Please place an **X** by each area in which this applicant has demonstrated proficiency under your supervision.

(NOTE: Experience is required in **1** of the 6 areas listed below.)

- _____ Genetics/genomics (e.g., genotyping, gene disorders, pharmacogenomics, genome-wide analysis)
- _____ Oncology (e.g., hematologic lymphoid neoplasms/neoplasia, solid tumor gene markers)
- _____ Histocompatibility (DNA-based)
- _____ Infectious disease (e.g., molecular microbiology/virology, epidemiology)
- _____ Molecular identity testing (e.g., bone marrow engraftment, paternity, forensic)
- _____ Informatics for clinical laboratory test interpretation and reporting (e.g., genetics/genomics, oncology, histocompatibility, infectious disease, or molecular identity testing)

3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT* OR EMPLOYER VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE MOLECULAR BIOLOGY 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.*