



INTERNATIONAL MEDICAL LABORATORY TECHNICIAN TRAINING DOCUMENTATION FORM (Routes 1 & 2)

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

YES **NO**

Please indicate if the applicant has completed clinical training as part of their academic program. _____

2. DIRECTIONS:

Please place an **X** 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 (Immunochemistry) _____	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 Medical Laboratory Technician examination as checked and listed above, and has completed a two year diploma 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. PLEASE MAIL OR EMAIL THESE FORMS TO ASCP INTERNATIONAL: ascpinternational@ascp.org