



INTERNATIONAL SPECIALIST IN CHEMISTRY
 WORK EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3 & 4)

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

2. DIRECTIONS: Please review the work experience of this applicant.

A. Please place an **X** by each procedure that has been performed satisfactorily including pre-analytical, analytical and post-analytical phases of testing under your supervision by this applicant.

(NOTE: Work experience is required in **8** of the 15 procedures listed below.)

_____ Blood gases	_____ Enzymes	_____ Non-protein nitrogen compounds
_____ Carbohydrates	_____ Heme compounds	_____ Point-of-care
_____ Chromatography	_____ Hormones/vitamins	_____ Proteins
_____ Electrolytes	_____ Immunochemistry	_____ Therapeutic drug monitoring
_____ Electrophoresis	_____ Lipids/lipoproteins	_____ Toxicology

B. Please place an **X** by the areas in which in the applicant has had work experience.

(NOTE: Work experience is required in **2** of the 5 areas listed below.)

_____ Procurement of laboratory equipment	_____ Regulatory compliance	_____ Test development/validation
_____ Quality control program management	_____ Supervisory experience	

3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT* OR EMPLOYER VERIFY THAT THIS APPLICANT IS PROFICIENT IN EACH OF THE CHEMISTRY 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.*