



INTERNATIONAL SPECIALIST IN CHEMISTRY

EDUCATOR EXPERIENCE DOCUMENTATION FORM (Routes 5 & 6)

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	ASCP Customer ID #
Email Address	Address

PART II (MUST BE COMPLETED AND SIGNED BY IMMEDIATE SUPERVISOR OR EMPLOYER IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EDUCATOR 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

Date **teaching** employment **started**: Month _____ Day _____ Year _____

Date **teaching** employment **ended**: Month _____ Day _____ Year _____

Are you employed full time _____ or part time _____ as an educator? If part time, how many hours per week? _____

How many **Chemistry** courses do you teach per **school year**? _____

2. DIRECTIONS: Please review the experience of this applicant in teaching Chemistry.

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Blood gases | <input type="checkbox"/> Enzymes | <input type="checkbox"/> Non-protein nitrogen compounds |
| <input type="checkbox"/> Carbohydrates | <input type="checkbox"/> Heme compounds | <input type="checkbox"/> Point-of-care |
| <input type="checkbox"/> Chromatography | <input type="checkbox"/> Hormones/vitamins | <input type="checkbox"/> Proteins |
| <input type="checkbox"/> Electrolytes | <input type="checkbox"/> Immunochemistry | <input type="checkbox"/> Therapeutic drug monitoring |
| <input type="checkbox"/> Electrophoresis | <input type="checkbox"/> Lipids/lipoproteins | <input type="checkbox"/> Toxicology |

B. Please place an **X** by the areas in which the applicant has **taught**.

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Selection of laboratory equipment | <input type="checkbox"/> Regulatory compliance | <input type="checkbox"/> Test development/validation |
| <input type="checkbox"/> Quality control program management | <input type="checkbox"/> Supervisory experience | |

3. BY SIGNING THIS FORM, I AS IMMEDIATE SUPERVISOR OR EMPLOYER VERIFY THAT THIS APPLICANT HAS TAUGHT SATISFACTORILY IN THE CHEMISTRY AREAS CHECKED ON THIS FORM.

(Please Print) Immediate Supervisor or Employer Name	Title
Immediate Supervisor or Employer Signature	Date
Immediate Supervisor or Employer Email Address	Institution Telephone Number
Institution	
Institution Address	

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR EMPLOYER WITH THIS EDUCATOR EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EDUCATOR EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR EMPLOYER. EDUCATOR EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE EMAIL THESE FORMS TO ASCP INTERNATIONAL: ascpinternational@ascp.org