



INTERNATIONAL SPECIALIST IN CHEMISTRY
 EDUCATOR EXPERIENCE DOCUMENTATION FORM (Routes 5 & 6)

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name _____ Address _____

 Email 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 (INCLUDING ON-THE-JOB TRAINING)

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

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.)

_____ 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 the applicant has **taught**.

(NOTE: Teaching 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 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 MAIL OR EMAIL THESE FORMS TO ASCP INTERNATIONAL: ascpinternational@ascp.org