



INTERNATIONAL SPECIALIST IN CYTOTECHNOLOGY
 EDUCATOR EXPERIENCE DOCUMENTATION FORM (Route 2)

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 Cytotechnology 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 **Cytotechnology** courses do you teach per **school year**? _____

2. BY SIGNING THIS FORM, I AS IMMEDIATE SUPERVISOR OR EMPLOYER VERIFY THAT THIS APPLICANT HAS TAUGHT SATISFACTORILY IN THE AREA OF CYTOLOGY.

(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