



# INTERNATIONAL SPECIALIST IN CYTOMETRY

## EXPERIENCE DOCUMENTATION FORM

(Routes 1, 2, 3 & 4)

### PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	ASCP Customer ID #
Email Address	Address

### PART II (MUST BE COMPLETED AND SIGNED BY LABORATORY MANAGEMENT\* OR EMPLOYER IN ORDER TO BE ACCEPTABLE)

#### SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Specialist in Cytometry examination. In order to establish this applicant's eligibility for certification, the following flow cytometry laboratory\*\* experience information is necessary:

**1. PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)**

Date experience **started** in flow cytometry:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date experience **ended** in flow cytometry:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week in flow cytometry? \_\_\_\_\_

**2. DIRECTIONS:** Please review the experience of this applicant. Please place an **X** by each procedure in the following three areas in which the applicant has adequate flow cytometry laboratory\*\* experience under your supervision.

*\*\*A flow cytometry laboratory is defined as one capable of providing individuals with knowledge and practical experience in flow cytometry including sample processing, data acquisition, data analysis, quality assurance/control, instrument operation, and laboratory operations/management.*

**A. Flow Cytometry Applications** (NOTE: Experience is required in at least **1** of the 12 areas listed below.)

	Immunophenotyping (e.g., CD4, leukemia/lymphoma, transplant)		Red blood cell analysis (e.g., PNH, fetal hemoglobin)		Small particle analysis
	Cell sorting		Progenitor/stem cells		Non-mammalian cell assay
	Cell cycle / DNA ploidy testing		Therapeutic drug monitoring		Imaging flow cytometry
	Cell death (e.g., apoptosis, necrosis)		Functional assays		Rare event analysis

**B. Cytometric Analysis** (NOTE: Experience is required in at least **3** of the 5 areas listed below.)

	Specimen processing		Instrument set-up		Specimen analysis
	Data management		Interpretation of results		

**C. Quality Assurance** (NOTE: Experience is required in at least **3** of the 6 areas listed below.)

	Specimen collection, processing, storage		Reagent selection, preparation, and quality control
	Assay selection, validation, documentation		Instrument operation, maintenance, and quality control
	Proficiency testing		Laboratory safety practices

**3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT\* OR EMPLOYER VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE CYTOMETRY AREAS CHECKED ON THIS FORM.**

(Please Print) Laboratory Management* or Employer Name and Credential(s)	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 EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR LABORATORY MANAGEMENT\* OR EMPLOYER. EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. \*Management is defined as someone in a management role who can verify technical experience.** See [www.ascp.org/boc/intl-documentation](http://www.ascp.org/boc/intl-documentation) for submission instructions.