



INTERNATIONAL SPECIALIST IN HEMATOLOGY

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

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

A. Please place an **X** by each procedure that has been taught satisfactorily under your supervision by this applicant.

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

- | | |
|---|---|
| _____ Blood smear, evaluation and differential | _____ Quality control: performance and evaluation |
| _____ Complete blood count | _____ Routine coagulation tests (e.g., PT, APTT, D-dimer) |
| _____ Instrument methodology / troubleshooting | _____ Other coagulation tests (e.g., fibrinogen, factor assays) |
| _____ Miscellaneous tests (e.g., ESR, sickle screen, manual cell count, reticulocyte) | |

B. Please place an **X** by each of the procedures the applicant has **taught**.

(NOTE: Teaching experience is required in **5** of the 12 procedures listed below.)

- | | | |
|--|-----------------------------------|---------------------------------|
| _____ Advanced coagulation (e.g. inhibitor assays, hypercoagulability) | _____ Cytochemical stains | _____ Personnel management |
| _____ Body fluid evaluation | _____ Flow cytometry | _____ Platelet function studies |
| _____ Bone marrow prep or evaluation | _____ Hemoglobinopathy evaluation | _____ PT/APTT mixing studies |
| _____ Budgeting / inventory control / purchasing | _____ Method evaluation | _____ QA/QI |

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

See www.ascp.org/boc/intl-documentation for submission instructions.