

Institution Address



INTERNATIONAL SPECIALIST IN MICROBIOLOGY

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 International Specialist in Microbiology examination. In order to establish this applicant's eligibility for certification, the following information is necessary: PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING) Month _____ Date experience **started** in Microbiology: Day _____ Date experience **ended** in Microbiology: Month _____ Day ____ How many hours per week in Microbiology? (average, if necessary) 2. DIRECTIONS: Please review the experience of this applicant. Please place an X by each area in which this applicant has demonstrated proficiency under your supervision by using The Guidelines for Evaluating Experience of a Candidate for International Specialist in Microbiology. (NOTE: Experience is required in 4 of the 6 areas listed below.) Bacteriology Mycobacteriology _____ Parasitology Molecular Microbiology Mycology Virology 3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT* OR EMPLOYER VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE MICROBIOLOGY AREAS CHECKED ON THIS FORM. (Please Print) Laboratory Management* or Employer Name Title Laboratory Management* or Employer Signature Date Laboratory Management* or Employer Email Address Institution Telephone Number Institution

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 <u>www.ascp.org/boc/intl-documentation</u> for submission instructions.





INTERNATIONAL SPECIALIST IN MICROBIOLOGY

EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3 & 4)

GUIDELINES FOR EVALUATING EXPERIENCE OF A CANDIDATE

INTERNATIONAL SPECIALIST IN MICROBIOLOGY

To qualify for certification as an International Specialist in Microbiology, the applicant should be proficient in <u>ALL</u> of the tests and procedures indicated in <u>4</u> of the 6 areas of experience listed below.

AREA OF EXPERIENCE	EXTENT OF EXPERIENCE
BACTERIOLOGY	Specimen evaluation and processing
	Microscopic examination of specimens
	Media selection
	Culture evaluation
	 Manual, automated, and/or molecular methods for detection and identification of microorganisms
	Antibiotic susceptibility testing
	Instrument preventive maintenance and troubleshooting
	Quality assurance / control
	Laboratory safety
	Problem solving / troubleshooting
MOLECULAR MICROBIOLOGY	Specimen evaluation and processing
	Prevention of nucleic acid contamination
	 Nucleic acid extraction methods (manual and automated)*
	Manual and/or automated detection and identification
	Quantitative molecular methods*
	Molecular epidemiology*
	Instrument preventative maintenance and troubleshooting
	Quality assurance / control
	Laboratory safety
	Problem solving / troubleshooting
	FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(), PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.
MYCOLOGY	Specimen evaluation and processing
	Microscopic examination of specimens
	Media selection
	Culture evaluation
	 Manual, automated, and/or molecular methods for detection and identification of microorganisms
	 Antifungal susceptibility testing*
	Instrument preventive maintenance and troubleshooting
	Quality assurance / control
	Laboratory safety
	Problem solving / troubleshooting





INTERNATIONAL SPECIALIST IN MICROBIOLOGY

EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3 & 4)

	FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(), PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.
MYCOBACTERIOLOGY	 Specimen evaluation and processing Microscopic examination of specimens Media selection Culture evaluation Manual, automated, and/or molecular methods for detection and identification of microorganisms Antimycobacterial susceptibility testing* Instrument preventive maintenance and troubleshooting Quality assurance / control Laboratory safety Problem solving / troubleshooting *FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(*), PROFICIENCY MAY
PARASITOLOGY	 BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION. Specimen evaluation and processing Microscopic and macroscopic examination of specimens Manual, automated, and/or molecular methods for detection and identification of microorganisms Quality assurance / control Laboratory safety Problem solving / troubleshooting
VIROLOGY	 Specimen evaluation and processing Manual, automated, and/or molecular methods for detection and identification of microorganisms Quantitative molecular methods* Quality assurance / control Laboratory safety Problem solving / troubleshooting *FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(*), PROFICIENCY MAY
	FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(), PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.