



INTERNATIONAL SPECIALIST IN MOLECULAR BIOLOGY
 WORK EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, & 3)

PART I (TO BE COMPLETED BY APPLICANT)

 Applicant's Name

 Address

 Email Address

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

SUBJECT: VERIFICATION OF WORK EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification International Specialist in Molecular Biology 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** in Molecular Biology: Month _____ Day _____ Year _____

Date employment **ended** in Molecular Biology: Month _____ Day _____ Year _____

How many hours per week in Molecular Biology? _____ (average, if necessary)

2. DIRECTIONS: Please review the work experience of this applicant. Please place an **X** by each procedure that has been performed satisfactorily under your supervision by this applicant.

A. Work experience is required in **1** of the 5 areas listed below.

- _____ Genetics/Genomics (e.g., genotyping, genetic disorders, pharmacogenomics, genome-wide analysis)
- _____ Oncology (e.g., hematologic lymphoid neoplasms/neoplasia, solid tumor gene markers)
- _____ Histocompatibility (DNA-based)
- _____ Infectious Disease (e.g., molecular microbiology/virology)
- _____ Molecular Identity Testing (e.g., bone marrow engraftment, paternity, forensic)

B. Work experience is required in **2** of the 6 areas listed below.

- | | |
|---|------------------------------|
| _____ Test development/validation | _____ Regulatory compliance |
| _____ Procurement of laboratory equipment | _____ Supervisory experience |
| _____ Quality management | _____ Education/training |

3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT* OR EMPLOYER VERIFY THAT THIS APPLICANT IS PROFICIENT IN EACH OF THE MOLECULAR BIOLOGY 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

 Institution Address

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR LABORATORY MANAGEMENT* OR EMPLOYER WITH THIS WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR LABORATORY MANAGEMENT* OR EMPLOYER. WORK EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE. PLEASE MAIL OR EMAIL THESE FORMS TO ASCP INTERNATIONAL: ascpinternational@ascp.org

**Management is defined as someone in a management role who can verify technical experience.*