



**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 6 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, epidemiology)
- \_\_\_\_\_ Molecular identity testing (e.g., bone marrow engraftment, paternity, forensic)
- \_\_\_\_\_ Informatics for clinical laboratory test interpretation and reporting (e.g., genetics/genomics, oncology, histocompatibility, infectious disease, or molecular identity testing)

**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](mailto:ascpinternational@ascp.org)**

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