



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

**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 Molecular Biology examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

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

Date experience **started** in Molecular Biology: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date experience **ended** in Molecular Biology: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

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

**A.** Experience is required in at least **2** 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., engraftment, paternity, forensic)

\_\_\_\_\_ Informatics for clinical laboratory test interpretation and reporting (e.g., genetics/genomics, oncology, histocompatibility, infectious disease, or molecular identity testing)

**B.** Experience is required in at least **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 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.