



INTERNATIONAL SPECIALIST IN MOLECULAR BIOLOGY
 EDUCATOR EXPERIENCE DOCUMENTATION FORM (Routes 4 & 5)

PART I (TO BE COMPLETED BY APPLICANT)

 Applicant's Name

 Address

 Email 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 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 teaching** in Molecular Biology: Month _____ Day _____ Year _____

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

How many hours per week **teaching**? _____ (average, if necessary)

2. DIRECTIONS: Please review the experience of this applicant in teaching Molecular Biology. Please place an **X** by each area which has been taught proficiently.

A. Teaching 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. Teaching 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 IMMEDIATE SUPERVISOR OR EMPLOYER VERIFY THAT THIS APPLICANT HAS TAUGHT SATISFACTORILY IN THE MOLECULAR BIOLOGY 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. PLEASE MAIL OR EMAIL THESE FORMS TO ASCP INTERNATIONAL: ascpinternational@ascp.org