



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

**PART I (TO BE COMPLETED BY APPLICANT)**

Applicant's Name	ASCP Customer ID #
Email Address	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**

Date **teaching** employment **started**: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Date **teaching** employment **ended**: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Are you employed full time \_\_\_\_\_ or part time \_\_\_\_\_ as an educator? If part time, how many hours per week? \_\_\_\_\_  
 How many **Molecular Biology** courses do you teach per **school year**? \_\_\_\_\_

**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 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.** Teaching 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 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.**

See [www.ascp.org/boc/intl-documentation](http://www.ascp.org/boc/intl-documentation) for submission instructions.