

**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 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. To establish this applicant's eligibility for certification, the following molecular biology teaching experience information is necessary:

**1. PLEASE COMPLETE: EMPLOYMENT**Date **teaching** employment **started**: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_Date **teaching** employment **ended**: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_Indicate employment status below:

Full time \_\_\_\_\_ Part time \_\_\_\_\_ If part time, how many hours per week? \_\_\_\_\_

How many **molecular biology** courses taught per **school year**? \_\_\_\_\_**2. DIRECTIONS:** Please review the experience of this applicant teaching molecular biology and place an **X** by each area that has been taught proficiently.

- A.** Teaching experience is required in at least **2** of the 5 areas listed below. *Although teaching experience is required in only two of the areas listed on this form, the exam content will cover all areas listed below, and the applicant is responsible for adequately preparing for all of them. For further information about specific exam content, please refer to the content guideline.*

\_\_\_\_\_ Genetics/genomics (e.g., genotyping, genetic disorders, pharmacogenomics, genome-wide analysis)

\_\_\_\_\_ Oncology (e.g., hematologic lymphoid neoplasms/neoplasia, solid tumor gene markers)

\_\_\_\_\_ 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, infectious disease, or molecular identity testing)

- B.** Teaching experience is required in at least **2** of the 6 areas listed below. *Although teaching experience is required in only two of the areas listed on this form, the exam content will cover all areas listed below, and the applicant is responsible for adequately preparing for all of them. For further information about specific exam content, please refer to the content guideline.*

\_\_\_\_\_ Test development/validation \_\_\_\_\_ Regulatory compliance

\_\_\_\_\_ Procurement of laboratory equipment \_\_\_\_\_ Supervisory experience

\_\_\_\_\_ Quality management \_\_\_\_\_ Education/training

**NOTE: THIS DOCUMENTATION FORM CONTINUES ON PAGE 2. PLEASE COMPLETE AND SUBMIT BOTH PAGES.**



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

**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.