



TECHNOLOGIST IN BLOOD BANKING

TRAINING DOCUMENTATION FORM FOR STRUCTURED PROGRAMS (Route 3)

Student's Name _____

Last Four Digits of Student's Social Security # _____

Name of Program _____

PLEASE INDICATE: _____ Quarter Hours _____ Semester Hours

	COURSE TITLE 30 semester hours (45 quarter hours) Required	CREDIT HOURS COMPLETED	CREDIT HOURS IN PROGRESS
BIOLOGY/CHEMISTRY:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Additional Comments: _____

TO BE SUBMITTED AFTER COMPLETION OF THE STRUCTURED PROGRAM:

LENGTH OF STRUCTURED PROGRAM: (IN MONTHS) _____ **TYPE OF DEGREE** _____

DATE OF COMPLETION OF STRUCTURED PROGRAM: Month _____ Day _____ Year _____

DATE OF COMPLETION OF DEGREE REQUIREMENTS: Month _____ Day _____ Year _____

This is to document that the above named student has successfully completed the current minimum academic requirements for the Board of Certification Technologist in Blood Banking examination as checked and listed above, and has completed a baccalaureate degree by the examination date.

I verify that the above named student has completed a structured program in Blood Banking which is equivalent to the curriculum for Blood Banking in the NAACLS accredited Medical Laboratory Scientist Program at the institution mentioned below.

(Please Print) Program Director Name & Certification(s)

Title

Program Director Signature

Date

Name of Program

School Identification Number

Telephone Number

Email Address

Institution

City, State

Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR.