TECHNOLOGIST IN BLOOD BANKING
STRUCTURED PROGRAM DOCUMENTATION FORM (Route 3)

PART I (TO BE COMPLETED BY APPLICANT)

Applicant’s Name
ASCP Customer ID #
Address
Email Address
City, State, Zip Code
Last Four Digits of Applicant’s Social Security #

PART II (MUST BE COMPLETED AND SIGNED BY THE PROGRAM DIRECTOR IN ORDER TO BE ACCEPTABLE)

TO BE SUBMITTED AFTER COMPLETION OF THE STRUCTURED PROGRAM:

1. PLEASE COMPLETE:

Institution Name
City
State

MLS School Code Number

BEGINNING DATE of structured program: Month _______ Day _______ Year _______

COMPLETION DATE of structured program: Month _______ Day _______ Year _______

2. BY SIGNING THIS FORM, I AS THE PROGRAM DIRECTOR, VERIFY THAT THIS APPLICANT HAS SUCCESSFULLY COMPLETED A STRUCTURED PROGRAM IN BLOOD BANKING UNDER THE AUSPICES OF A NAACLS ACCREDITED MEDICAL LABORATORY SCIENCE PROGRAM.

(Please Print) Program Director Name & Credential(s)
Title
Program Director Signature
Date
Telephone Number
Email Address
City, State
Zip Code

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

See www.ascp.org/boc/us-documentation for submission instructions.