ASCP BOARD OF CERTIFICATION

TECHNOLOGIST IN BLOOD BANKING
TRAINING DOCUMENTATION FORM (Route 5)

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)

1. PLEASE COMPLETE:

Institution Name

School Code Number

Date Applicant Completed the NAACLS Program: Month _____ Day _____ Year _____

2. BY SIGNING THIS FORM, I AS THE PROGRAM DIRECTOR VERIFY THAT THIS APPLICANT HAS SUCCESSFULLY COMPLETED 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 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.

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