

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name and Title

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 IMMEDIATE SUPERVISOR OR MANAGER IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Diplomate in Laboratory Management examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

1. PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)

Date experience **started** in clinical laboratory supervision or management:

Month _____ Day _____ Year _____

Date experience **ended** in clinical laboratory supervision or management:

Month _____ Day _____ Year _____

How many hours per week? _____

What percentage of time is spent in clinical laboratory supervision or management? _____ %

2. DIRECTIONS: Please review the experience of this applicant. Please place an **X** next to each of the areas for which the applicant is responsible or participates in.

(NOTE: Experience is required in **25** of the 39 areas listed below.)

FINANCIAL MANAGEMENT

- _____ Budgets (e.g., preparation, management)
- _____ Capital Equipment Acquisition (e.g., return on investment (ROI), net present value, depreciation)
- _____ Cost Analysis (e.g., new tests, setting charges)
- _____ Materials Management (e.g., purchasing and inventory)
- _____ Financial Accounting (e.g., general ledger, accounts receivable/payable, financial ratios)
- _____ Utilization Management
- _____ Labor Resource Management (e.g., FTEs, productivity)
- _____ Contract Negotiations (e.g., third-party payer, vendor, GPO)
- _____ Cash Flow Analysis (e.g., balance sheet, income statement)
- _____ Revenue Cycle Management (e.g., coding, billing, reimbursement)

OPERATIONS MANAGEMENT

- _____ Safety and Emergency Management
- _____ Intra/Interdepartmental Relations (e.g. Physician or Safety Committees)
- _____ Laboratory Information System (LIS)/Hospital Information System (HIS) (e.g., development, validation, implementation, interfaces, maintenance, and security)

- _____ Facilities Management (e.g., space allocation, laboratory design, utilities)
- _____ Equipment Management
- _____ Data Analytics
- _____ Verification and Validation of Methods/Tests
- _____ Strategic Planning
- _____ Project Management
- _____ Communication Management
- _____ Marketing and Outreach

HUMAN RESOURCE MANAGEMENT

- _____ Recruitment/Hiring and Separation
- _____ Engagement (e.g., motivation, employee recognition, continuing education)
- _____ Staffing and Scheduling
- _____ Performance Management (e.g., onboarding, training, behavioral expectations competency assessments, evaluations, coaching, counseling, disciplinary action)
- _____ Succession Planning and Staff Development
- _____ Organization Structure / Job Descriptions
- _____ Wage and Salary Administration
- _____ Regulatory Compliance (e.g., CLIA, FMLA, ADA, FLSA, EEOC)
- _____ Conflict Resolution

QUALITY MANAGEMENT

- _____ Process Improvement (e.g., workflow mapping, Six Sigma, Lean)
- _____ Regulatory Compliance and Licensure (e.g., federal and state)
- _____ Accreditation
- _____ Risk Assessment
- _____ Risk Management/Medical-Legal Issues (e.g., root-cause analysis, failure mode effects analysis (FMEA))
- _____ Auditing
- _____ Quality Assurance (e.g., quality planning, quality control)
- _____ Document Management
- _____ Nonconforming Events / Corrective Action and Preventative Action (CAPA)

3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR MANAGER VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE LABORATORY MANAGEMENT OR SUPERVISION AREAS CHECKED ON THIS FORM.

(Please Print) Immediate Supervisor or Manager Name & Credential(s)

Title

Immediate Supervisor or Manager Signature

Date

Telephone Number

Email Address

Institution

City, State

Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR MANAGER WITH THIS EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR MANAGER. See www.ascp.org/boc/us-documentation for submission instructions.