

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name and Title	Last Four Digits of Applicant's Social Security #
Address	Email Address
	Daytime Telephone Number

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR MANAGER IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF WORK 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: EMPLOYMENT (INCLUDING ON-THE-JOB TRAINING)

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

Month _____ Day _____ Year _____

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

Month _____ Day _____ Year _____

How many hours per week employed? _____

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: Work experience is required in **25** of the 38 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
- 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 & Certification(s)	Title
Immediate Supervisor or Manager Signature	Date
Telephone Number	Email Address
Institution	Zip Code
City, State	Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR MANAGER WITH THIS WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR MANAGER.