



TECHNOLOGIST IN HEMATOLOGY WORK EXPERIENCE DOCUMENTATION FORM (Routes 2 & 4)

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

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 LABORATORY MANAGEMENT* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF WORK EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Technologist in Hematology 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 Hematology: Month _____ Day _____ Year _____

Date employment **ended** in Hematology: Month _____ Day _____ Year _____

How many hours per week in Hematology? _____

2. DIRECTIONS: Please review the experience of this applicant. A technologist in hematology must demonstrate proficiency in moderate and high complexity testing.

A. Please place an **X** by each procedure that has been performed satisfactorily under your supervision by this applicant. (NOTE: Experience is required in **ALL** of the procedures listed below.)

_____ Blood smear, evaluation and differential _____ Quality control: performance and evaluation

_____ Complete blood count _____ Routine coagulation tests (e.g., PT, APTT, D-dimer)

B. Please place an **X** by each procedure that has been performed satisfactorily under your supervision by this applicant. (NOTE: Experience is required in **2** of the 3 areas listed below.)

_____ Instrument maintenance / troubleshooting

_____ Miscellaneous tests (e.g., ESR, sickle screen, manual cell count, reticulocyte)

_____ Other coagulation tests (e.g., fibrinogen, factor assays, hypercoagulability)

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

(Please Print) Immediate Supervisor or Laboratory Management* Name & Certification(s)

Title

Immediate Supervisor or Laboratory Management* Signature

Date

Telephone Number

Email Address

Institution

City, State

Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* 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 LABORATORY MANAGEMENT*.

**Management is defined as someone in a management role who can verify technical experience.*