



# HISTOTECHNOLOGIST (HTL) EXPERIENCE DOCUMENTATION FORM (Routes 2 & 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 IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\* IN ORDER TO BE ACCEPTABLE)

### SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Histotechnologist 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 Histotechnology:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date experience **ended** in Histotechnology:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week in Histotechnology? \_\_\_\_\_

**2. DIRECTIONS:** Please review the experience of this applicant. Please place an **X** by each area in which this applicant has performed satisfactorily under your supervision by using **The Guidelines for Evaluating Experience of a Candidate for Histotechnology**. (NOTE: It is the applicant's responsibility to ensure experience is documented in **ALL FIVE** areas required for eligibility.)

_____	Fixation	_____	Staining
_____	Processing	_____	Laboratory Operations
_____	Embedding/Microtomy		

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

_____	(Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(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 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 LABORATORY MANAGEMENT\*.**

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

See [www.ascp.org/boc/us-documentation](http://www.ascp.org/boc/us-documentation) for submission instructions.

**GUIDELINES FOR EVALUATING EXPERIENCE OF A CANDIDATE**  
**HISTOTECHNOLOGY**

To qualify for certification as a histotechnologist, the applicant should be competent to perform **ALL** of the tests and procedures indicated. Competency may be demonstrated through direct observation of performance or review of results. The histotechnologist should have the equivalent knowledge and skill to those of a graduate of an accredited Histotechnology program:

AREA OF EXPERIENCE	EXTENT OF EXPERIENCE
<b>FIXATION</b>	<ul style="list-style-type: none"> <li>• Tissue Identification</li> <li>• Parameters (e.g., pH, time, temperature)</li> <li>• Reagents</li> <li>• Selection, preparation, and use of fixatives for various applications</li> <li>• Troubleshooting/problem solving of fixation artifacts</li> </ul>
<b>PROCESSING</b>	<ul style="list-style-type: none"> <li>• Selection, preparation, and use of decalcification reagents</li> <li>• Selection of appropriate processing methods for:               <ul style="list-style-type: none"> <li>○ Routine histology</li> <li>○ Immunohistochemistry</li> <li>○ Cytology</li> </ul> </li> <li>• Operation and maintenance of a tissue processor</li> </ul>
<b>EMBEDDING / MICROTOMY</b>	<ul style="list-style-type: none"> <li>• Embedding               <ul style="list-style-type: none"> <li>○ Tissue identification and orientation</li> <li>○ Operation and maintenance of an embedding center</li> </ul> </li> <li>• Microtomy               <ul style="list-style-type: none"> <li>○ Paraffin</li> <li>○ Frozen</li> </ul> </li> <li>• Operation and maintenance of a microtome / water bath and cryostat</li> </ul>
<b>STAINING</b>	<ul style="list-style-type: none"> <li>• Selection of appropriate control material</li> <li>• Reagent preparation</li> <li>• Operation and maintenance of staining equipment</li> <li>• Mounting and coverslipping procedures</li> <li>• Identification of tissue structures and their staining characteristics</li> <li>• Routine staining (i.e., H&amp;E)</li> <li>• Special staining               <ul style="list-style-type: none"> <li>○ Carbohydrates and amyloid</li> <li>○ Connective tissue</li> <li>○ Microorganisms</li> <li>○ Pigments and minerals</li> </ul> </li> <li>• Immunohistochemistry</li> </ul>
<b>LABORATORY OPERATIONS</b>	<ul style="list-style-type: none"> <li>• Operation, preventive maintenance, and corrective action for equipment</li> <li>• Troubleshooting</li> <li>• Quality control</li> <li>• Application of laboratory safety protocols</li> </ul>