

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)

TO BE SUBMITTED AFTER COMPLETION OF THE STRUCTURED PROGRAM:

1. PLEASE COMPLETE:

Institution Name	City	State
MLS School Code Number		
BEGINNING DATE of structured program:	Month _____	Day _____ Year _____
COMPLETION DATE of structured program:	Month _____	Day _____ Year _____

2. BY SIGNING THIS FORM, I AS THE PROGRAM DIRECTOR, VERIFY THAT THIS APPLICANT HAS SUCCESSFULLY COMPLETED A STRUCTURED PROGRAM IN MICROBIOLOGY UNDER THE AUSPICES OF 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 STRUCTURED PROGRAM DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE STRUCTURED PROGRAM DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR.

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