



# TECHNOLOGIST IN MICROBIOLOGY

## TRAINING DOCUMENTATION FORM FOR STRUCTURED PROGRAMS (Route 3)

Student's Name \_\_\_\_\_

Last Four Digits of Student's Social Security # \_\_\_\_\_

Name of Program \_\_\_\_\_

**PLEASE INDICATE:** \_\_\_\_\_ Quarter Hours \_\_\_\_\_ Semester Hours

COURSE TITLE 30 semester hours (45 quarter hours) Required	CREDIT HOURS COMPLETED	CREDIT HOURS IN PROGRESS
<b>BIOLOGY/CHEMISTRY:</b> _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_

**LENGTH OF STRUCTURED PROGRAM: (IN MONTHS)** \_\_\_\_\_ **TYPE OF DEGREE** \_\_\_\_\_

**DATE OF COMPLETION OF STRUCTURED PROGRAM:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**DATE OF COMPLETION OF DEGREE REQUIREMENTS:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

This is to document that the above named student has successfully completed the current minimum academic requirements for the Board of Certification Technologist in Microbiology examination as checked and listed above, and has completed a baccalaureate degree by the examination date.

I verify that the above named student has completed a structured program in Microbiology which is equivalent to the curriculum for Microbiology in the NAACLS accredited Medical Laboratory Scientist Program at the institution mentioned below.

\_\_\_\_\_  
(Please Print) Program Director Name & Certification(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Program

\_\_\_\_\_  
School Identification Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Institution

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

**BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR.**