



# MEDICAL LABORATORY ASSISTANT EXPERIENCE DOCUMENTATION FORM (Routes 3, 4, & 5)

## 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 Medical Laboratory Assistant 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** as a medical laboratory assistant:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date experience **ended** as a medical laboratory assistant:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week as a medical laboratory assistant? \_\_\_\_\_

**2. DIRECTIONS:** Please review the experience of this applicant. Please place an **X** by each area in which this applicant has demonstrated proficiency under your supervision by using **The Guidelines for Evaluating Experience of a Candidate for Medical Laboratory Assistant**. (NOTE: It is the applicant's responsibility to ensure experience is documented in all **THREE** areas as required for eligibility.)

\_\_\_\_\_ Specimen preparation and processing

\_\_\_\_\_ Support for clinical testing

\_\_\_\_\_ Laboratory operations

**3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY AS A MEDICAL LABORATORY ASSISTANT.**

_____ (Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(s)	_____ Title
_____ Immediate Supervisor or Laboratory Management* Signature	_____ Date
_____ Telephone Number	_____ Email Address
_____ Institution	_____ Zip Code
_____ City, State	

**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\*.**

SEE [www.ascp.org/boc/us-documentation](http://www.ascp.org/boc/us-documentation) FOR SUBMISSION INSTRUCTIONS.

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

### GUIDELINES FOR EVALUATING EXPERIENCE OF A CANDIDATE

#### MEDICAL LABORATORY ASSISTANT

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To qualify for certification as a medical laboratory assistant, the applicant should be competent to perform **ALL** of the tests and procedures indicated. The medical laboratory assistant should have the equivalent knowledge and skill to those of a graduate of a NAACLS-approved clinical assistant program.

AREA OF EXPERIENCE	EXTENT OF EXPERIENCE
<b>SPECIMEN PREPARATION AND PROCESSING</b>	<ul style="list-style-type: none"> <li>• specimen acceptability for testing (testing, rejection, and add-on requests)</li> <li>• specimen prioritization and distribution</li> <li>• specimen processing (e.g., centrifugation and aliquoting)</li> <li>• specimen storage (pre- and post-testing)</li> <li>• specimen transport (pneumatic tube system and packaging/shipment to external facilities)</li> <li>• special handling considerations (time, temperature, and light)</li> </ul>
<b>SUPPORT FOR CLINICAL TESTING</b>	<ul style="list-style-type: none"> <li>• preparation and labeling of slides (e.g., peripheral blood smears, Gram stains)</li> <li>• result retrieval</li> <li>• inventory management</li> <li>• staining of slides (e.g., peripheral blood smears, Gram stains)*</li> <li>• microbiology setup and plating*</li> <li>• reagents, standards, and controls (preparation, storage, integrity assessment, and documentation)*</li> <li>• analytical instrumentation (loading, test initiation, error recognition and reporting, specimen dilution, and calibrations)*</li> <li>• quality control (performance and evaluation)*</li> <li>• critical values and STAT results (recognition and reporting)*</li> <li>• result reporting*</li> </ul> <p><b>*PROFICIENCY FOR THE TASKS INDICATED BY AN ASTERISK MAY BE DEMONSTRATED THROUGH KNOWLEDGE, PERFORMANCE, OBSERVATION, OR SIMULATION.</b></p>
<b>LABORATORY OPERATIONS</b>	<ul style="list-style-type: none"> <li>• regulations (e.g., OSHA, The Joint Commission, CLSI, CDC)</li> <li>• safety and infection control</li> <li>• proper waste disposal</li> <li>• use of laboratory equipment (e.g., pipettes, centrifuges, microscopes, refrigerators, incubators)</li> <li>• demonstration of professionalism and ethics (patient confidentiality and customer service)</li> <li>• use of laboratory information system (LIS)</li> </ul>