

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)

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:

A. CLASSROOM INSTRUCTION

Classroom training site: _____

Date classroom training **started:** Month _____ Day _____ Year _____

Date classroom training **ended:** Month _____ Day _____ Year _____

How many clock hours of classroom training? _____

B. CLINICAL INSTRUCTION

Clinical training site at an approved, accredited laboratory*: _____

Date clinical training **started:** Month _____ Day _____ Year _____

Date clinical training **ended:** Month _____ Day _____ Year _____

How many hours of clinical training? _____

*CMS CLIA certificate of registration, compliance, accreditation; OR JCI accreditation; OR Accreditation under ISO 15189.

2. BY SIGNING THIS FORM I, AS THE PROGRAM DIRECTOR OF THE MEDICAL LABORATORY ASSISTANT TRAINING PROGRAM, VERIFY THAT THIS APPLICANT HAS SATISFACTORILY COMPLETED THE TWO-PART STRUCTURED MEDICAL LABORATORY ASSISTANT TRAINING PROGRAM.

(Please Print) Program Director Name & Credential(s)	Title
Program Director Signature	Date
Telephone Number	Email Address
Institution	6-digit school code (if applicable)
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.

PART III (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 IV (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 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

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