



# MEDICAL LABORATORY SCIENTIST

MLT or MLS Program Completion (Routes 2, 3, and 4)

Not to be used for Route 1 applications

**Only submit if program completion is being used in lieu of 1 year of experience.**

## PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	Last Four Digits of Applicant's Social Security #
Address	Email Address
	Daytime Telephone Number

## PART II (MUST BE COMPLETED AND SIGNED BY THE PROGRAM DIRECTOR IN ORDER TO BE ACCEPTABLE)

Successful completion of a NAACLS accredited MLS program, NAACLS or ABHES accredited MLT program, or a foreign medical laboratory science clinical training program within the last five years can be used in lieu of one year of full time acceptable clinical experience.

### 1. PLEASE COMPLETE:

Institution Name	City	State
Type of Program (check the appropriate box below):		
<input type="checkbox"/>	NAACLS Accredited MLS Program	Six Digit School Code <input type="text"/>
<input type="checkbox"/>	NAACLS Accredited MLT Program	Six Digit School Code <input type="text"/>
<input type="checkbox"/>	ABHES Accredited MLT Program	Six Digit School Code <input type="text"/>
<input type="checkbox"/>	Foreign medical laboratory science clinical training program	

**BEGINNING DATE OF PROGRAM:** Month  Day  Year

**COMPLETION DATE OF PROGRAM:** Month  Day  Year

### 2. BY SIGNING THIS FORM, I AS THE PROGRAM DIRECTOR, VERIFY THAT THIS APPLICANT HAS SUCCESSFULLY COMPLETED THE PROGRAM AS INDICATED ABOVE.

(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 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.**