ASCP BOARD OF CERTIFICATION

MEDICAL LABORATORY TECHNICIAN

MLT or MLS Program Completion (Route 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):

_____ NAACLS Accredited MLS Program Six Digit School Code _____

_____ NAACLS Accredited MLT Program Six Digit School Code _____

_____ ABHES Accredited MLT Program Six Digit School Code _____

_____ 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.