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

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)

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.

See **www.ascp.org/boc/us-documentation** for submission instructions.