

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 Technician 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**: Month _____ Day _____ Year _____

Date experience **ended**: Month _____ Day _____ Year _____

How many hours per week? _____ (Average, if necessary)

2. DIRECTIONS: Please review the experience of this applicant. A medical laboratory technician must demonstrate competency in moderate and high complexity testing including pre- and post-analytical components (e.g., quality assurance) in **ALL** of the following areas listed below. Please place an **X** by each area in which this applicant has demonstrated competency under your supervision by using **The Guidelines for Evaluating Experience of a Candidate for Medical Laboratory Technician**. (NOTE: It is the applicant's responsibility to ensure experience is documented in **ALL 6** areas as required for eligibility.)

_____ Blood Banking	_____ Microbiology
_____ Chemistry	_____ Immunology
_____ Hematology	_____ Urinalysis and Other Body Fluids

3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE AREAS CHECKED ON THIS FORM.

(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*.

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

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

GUIDELINES FOR EVALUATING EXPERIENCE OF A CANDIDATE

MEDICAL LABORATORY TECHNICIAN

To qualify for certification as a medical laboratory technician, the applicant should be competent to perform **ALL** of the tests and procedures indicated. The medical laboratory technician should have the equivalent knowledge and skill to those of a graduate of an accredited Medical Laboratory Technician program.

AREA OF EXPERIENCE	EXTENT OF EXPERIENCE
BLOOD BANKING	<ul style="list-style-type: none"> • Specimen collection, evaluation, and processing • ABO and Rh typing • Antibody detection and identification • Compatibility testing • Direct antiglobulin test • Transfusion reaction testing • Processing and administration of blood products • Instrument preventive maintenance and troubleshooting • Quality control / assurance • Laboratory safety
CHEMISTRY	<ul style="list-style-type: none"> • Specimen collection, evaluation, and processing • Basic analytical methodology including electrolytes, blood gases, glucose, blood urea nitrogen, creatinine, bilirubin, enzymes, lipids, and proteins • Immunoassays • Endocrinology and tumor markers • Therapeutic drug monitoring / toxicology • Instrument preventive maintenance and troubleshooting • Quality control / assurance • Laboratory safety
HEMATOLOGY	<ul style="list-style-type: none"> • Specimen collection, evaluation, and processing • Blood smear preparation, evaluation, and differential • Complete blood count • Miscellaneous tests (e.g., reticulocyte, ESR, sickle screen) • Routine coagulation tests (e.g., PT, APTT, fibrinogen, D-dimer) • Instrument preventive maintenance and troubleshooting • Quality control / assurance • Laboratory safety
IMMUNOLOGY	<ul style="list-style-type: none"> • Specimen collection, evaluation, and processing • Manual or automated serological tests (e.g., hepatitis, rubella, syphilis, rheumatoid arthritis, heterophile antibody) • Instrument preventive maintenance and troubleshooting • Quality control / assurance • Laboratory safety
MICROBIOLOGY	<ul style="list-style-type: none"> • Specimen collection, evaluation, and processing • Antibiotic susceptibility testing* <p><i>* Competency may be demonstrated through performance, observation, or simulation.</i></p>

MEDICAL LABORATORY TECHNICIAN EXPERIENCE DOCUMENTATION FORM (Route 4)

	<ul style="list-style-type: none"> • Culture evaluation* <i>* Competency may be demonstrated through performance, observation, or simulation.</i> • Media selection • Microscopic examination of specimens • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Instrument preventive maintenance and troubleshooting • Quality control / assurance • Laboratory safety
<p>URINALYSIS AND OTHER BODY FLUIDS</p>	<ul style="list-style-type: none"> • Specimen collection, evaluation, and processing • Routine urinalysis • Routine evaluation of other body fluids • Instrument preventive maintenance and troubleshooting • Quality control / assurance • Laboratory safety