



MEDICAL LABORATORY TECHNICIAN WORK EXPERIENCE DOCUMENTATION FORM (Route 4)

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 IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF WORK 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: EMPLOYMENT (INCLUDING ON-THE-JOB TRAINING)

Date employment **started**: Month _____ Day _____ Year _____
Date employment **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 proficiency 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 proficiency 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 **SIX** 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	
_____ City, State	_____ Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* WITH THIS WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK 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.*

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

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	<ul style="list-style-type: none"> • Microscopic examination of specimens • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Quality control / assurance • Laboratory safety • Specimen collection, evaluation, and processing <p>*PROFICIENCY FOR TASKS INDICATED BY AN ASTERISK MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.</p>
<p>URINALYSIS AND OTHER BODY FLUIDS</p>	<ul style="list-style-type: none"> • Instrument preventive maintenance and troubleshooting • Routine urinalysis • Routine evaluation of other body fluids • Quality control / assurance • Laboratory safety • Specimen collection, evaluation, and processing