SPECIALIST IN CHEMISTRY
WORK EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3, & 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 Specialist in Chemistry 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 in Chemistry: Month ________ Day ________ Year ________

   Date employment ended in Chemistry: Month ________ Day ________ Year ________

   How many hours per week in Chemistry? ______________

2. DIRECTIONS: Please review the experience of this applicant. A specialist in chemistry must demonstrate proficiency in moderate and high complexity testing.

   A. Please place an X by each procedure that has been performed satisfactorily including pre-analytical, analytical and post-analytical phases of testing under your supervision by this applicant.

      (NOTE: Work experience is required in 8 of the 15 procedures listed below.)

      ______ Blood gases ______ Enzymes ______ Non-protein nitrogen compounds

      ______ Carbohydrates ______ Heme compounds ______ Point-of-care

      ______ Chromatography ______ Hormones/vitamins ______ Proteins

      ______ Electrolytes ______ Immunochemistry ______ Therapeutic drug monitoring

      ______ Electrophoresis ______ Lipids/lipoproteins ______ Toxicology

   B. Please place an X by the areas in which in the applicant has had work experience.

      (NOTE: Work experience is required in 2 of the 5 areas listed below.)

      ______ Procurement of laboratory equipment ______ Regulatory compliance ______ Test development/validation

      ______ Quality control program management ______ Supervisory experience

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

(Please Print) Immediate Supervisor or Laboratory Management* Name & Certification(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.