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 EMPLOYER IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EDUCATOR 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 teaching in Chemistry: Month _______ Day _______ Year _______

Date employment ended teaching in Chemistry: Month _______ Day _______ Year _______

How many hours per week teaching? __________________ (average if necessary)

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

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

    (NOTE: Teaching 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 the applicant has had teaching experience.

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

    Selection 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 EMPLOYER VERIFY THAT THIS APPLICANT HAS TAUGHT SATISFACTORILY IN THE CHEMISTRY AREAS CHECKED ON THIS FORM.

(Please Print) Immediate Supervisor or Employer Name & Professional Credential(s) __________________________ Title __________________________

Immediate Supervisor or Employer Signature __________________________ Date __________________________

Telephone Number __________________________ Email Address __________________________

Institution __________________________

City, State __________________________ Zip Code __________________________

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR EMPLOYER WITH THIS EDUCATOR EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EDUCATOR EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR EMPLOYER.