

**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**

Date **teaching** employment **started**: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date **teaching** employment **ended**: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you employed full time \_\_\_\_\_ or part time \_\_\_\_\_ as an educator? If part time, how many hours per week? \_\_\_\_\_

How many **Chemistry** courses do you teach per **school year**? \_\_\_\_\_

**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 in 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	Zip Code
City, State	

**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.**