SPECIALIST IN CHEMISTRY
EDUCATOR EXPERIENCE DOCUMENTATION FORM (Routes 5 & 6)

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.)

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 EMPLOYER VERIFY THAT THIS APPLICANT HAS TAUGHT SATISFACCTORILY 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.