

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 Cytotechnology examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

1. PLEASE COMPLETE: EMPLOYMENT

Date employment **started teaching** in Cytotechnology: Month _____ Day _____ Year _____

Date employment **ended teaching** in Cytotechnology: Month _____ Day _____ Year _____

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

2. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR EMPLOYER VERIFY THAT THIS APPLICANT HAS TAUGHT SATISFACTORILY IN THE AREA OF CYTOTECHNOLOGY.

(Please Print) Immediate Supervisor or Employer Name & Certification(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.