SPECIALIST IN CYTOMETRY
EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3 & 4)

ASCP BOC BOARD OF CERTIFICATION

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

ASCP Customer ID #

Address

Email Address

City, State, Zip Code

Last Four Digits of Applicant's Social Security #

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Specialist in Cytometry examination. In order to establish this applicant's eligibility for certification, the following flow cytometry laboratory** experience information is necessary:

1. **PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)**

   Date experience **started** in flow cytometry: Month _____   Day _____   Year _____

   Date experience **ended** in flow cytometry: Month _____   Day _____   Year _____

   How many hours per week in flow cytometry? _____

2. **DIRECTIONS:** Please review the experience of this applicant. A specialist in cytometry must demonstrate proficiency in moderate and high complexity testing. Please place an **X** by each procedure in the following three areas in which the applicant has adequate flow cytometry laboratory** experience under your supervision.

   **A flow cytometry laboratory is defined as one capable of providing individuals with knowledge and practical experience in flow cytometry including sample processing, data acquisition, data analysis, quality assurance/control, instrument operation, and laboratory operations/management.*

   A. **Flow Cytometry Applications** (NOTE: Experience is required in at least **1** of the 12 areas listed below.)

	Immunophenotyping (e.g., CD4, leukemia/lymphoma, transplant)		Red blood cell analysis (e.g., PNH, fetal hemoglobin)		Small particle analysis
	Cell sorting		Progenitor/stem cells		Non-mammalian cell assay
	Cell cycle / DNA ploidy testing		Therapeutic drug monitoring		Imaging flow cytometry
	Cell death (e.g., apoptosis, necrosis)		Functional assays		Rare event analysis

   B. **Cytometric Analysis** (NOTE: Experience is required in at least **3** of the 5 areas listed below.)

	Specimen processing		Instrument set-up		Specimen analysis
	Data management		Interpretation of results		

   C. **Quality Assurance** (NOTE: Experience is required in at least **3** of the 6 areas listed below.)

	Specimen collection, processing, storage		Reagent selection, preparation, and quality control
	Assay selection, validation, documentation		Instrument operation, maintenance, and quality control
	Proficiency testing		Laboratory safety practices

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

(Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(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 EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE 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.* See **www.ascp.org/boc/us-documentation** for submission instructions.