

PART I (TO BE COMPLETED BY APPLICANT)

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

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

Date experience **started** in Hematology: Month _____ Day _____ Year _____

Date experience **ended** in Hematology: Month _____ Day _____ Year _____

How many hours per week in Hematology? _____

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

A. Please place an **X** by each procedure that has been performed satisfactorily under your supervision by this applicant.

(NOTE: Experience is required in **ALL** of the procedures listed below.)

- | | |
|---|---|
| _____ Blood smear, evaluation and differential | _____ Quality control: performance and evaluation |
| _____ Complete blood count | _____ Routine coagulation tests (e.g., PT, APTT, D-dimer) |
| _____ Instrument maintenance/ troubleshooting | _____ Other coagulation tests (e.g., fibrinogen, factor assays) |
| _____ Miscellaneous tests (e.g., ESR, sickle screen, manual cell count, reticulocyte) | |

B. Please place an **X** by each of the procedures the applicant has **performed or supervised**.

(NOTE: Experience is required in **5** of the 12 procedures listed below.)

- | | | |
|--|-----------------------------------|---------------------------------|
| _____ Advanced coagulation (e.g. inhibitor assays, hypercoagulability) | _____ Cytochemical stains | _____ Personnel management |
| _____ Body fluid evaluation | _____ Flow cytometry | _____ Platelet function studies |
| _____ Bone marrow prep or evaluation | _____ Hemoglobinopathy evaluation | _____ PT/APTT mixing studies |
| _____ Budgeting / inventory control / purchasing | _____ Method evaluation | _____ QA/QI |

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