



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

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 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.)

- | | |
|--|--|
| <input type="checkbox"/> Blood smear, evaluation and differential | <input type="checkbox"/> Quality control: performance and evaluation |
| <input type="checkbox"/> Complete blood count | <input type="checkbox"/> Routine coagulation tests (e.g., PT, APTT, D-dimer) |
| <input type="checkbox"/> Instrument maintenance / troubleshooting | <input type="checkbox"/> Other coagulation tests (e.g., fibrinogen, factor assays) |
| <input type="checkbox"/> 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.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Advanced coagulation (e.g. inhibitor assays, hypercoagulability, mixing studies) | <input type="checkbox"/> Cytochemical stains | <input type="checkbox"/> Method evaluation |
| <input type="checkbox"/> Body fluid evaluation | <input type="checkbox"/> Education and training | <input type="checkbox"/> Personnel management |
| <input type="checkbox"/> Bone marrow prep or evaluation | <input type="checkbox"/> Flow cytometry | <input type="checkbox"/> Platelet function studies |
| <input type="checkbox"/> Budgeting / inventory control / purchasing | <input type="checkbox"/> Hemoglobinopathy evaluation | <input type="checkbox"/> 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	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.