

### 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 LABORATORY MANAGEMENT\* IN ORDER TO BE ACCEPTABLE)

#### SUBJECT: VERIFICATION OF WORK 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: EMPLOYMENT (INCLUDING ON-THE-JOB TRAINING)**

Date employment **started** in Hematology:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date employment **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: Work 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: Work experience is required in **5** of the 12 procedures listed below.)

- |                                                                                           |                                                      |                                                    |
|-------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Advanced coagulation (e.g. inhibitor assays, hypercoagulability) | <input type="checkbox"/> Cytochemical stains         | <input type="checkbox"/> Personnel management      |
| <input type="checkbox"/> Body fluid evaluation                                            | <input type="checkbox"/> Flow cytometry              | <input type="checkbox"/> Platelet function studies |
| <input type="checkbox"/> Bone marrow prep or evaluation                                   | <input type="checkbox"/> Hemoglobinopathy evaluation | <input type="checkbox"/> PT/APTT mixing studies    |
| <input type="checkbox"/> Budgeting / inventory control / purchasing                       | <input type="checkbox"/> Method 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 & Certification(s)	Title
Immediate Supervisor or Laboratory Management* Signature	Date
Telephone Number	Email Address
Institution	Zip Code
City, State	

**BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\* WITH THIS WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK 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.*