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 Microbiology 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 Microbiology: Month ________ Day ________ Year ________
   Date employment ended in Microbiology: Month ________ Day ________ Year ________
   How many hours per week in Microbiology? _______________

2. DIRECTIONS: Please review the experience of this applicant. A Specialist in Microbiology must demonstrate proficiency in moderate and high complexity testing. Please place an X by each area in which this applicant has demonstrated proficiency under your supervision by using The Guidelines for Evaluating Experience of a Candidate for Specialist in Microbiology. (NOTE: It is the applicant’s responsibility to ensure work experience is documented in 4 of the 6 areas listed below.)

   _____ Bacteriology
   _____ Mycobacteriology
   _____ Molecular Microbiology
   _____ Parasitology
   _____ Mycology
   _____ Virology

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

(Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(s) ____________________________

Immediate Supervisor or Laboratory Management* Signature ____________________________

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 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.
To qualify for certification as a Specialist in Microbiology, the applicant should be proficient in **all** of the tests and procedures indicated in 4 of the 6 areas of experience listed below.

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<th>AREA OF EXPERIENCE</th>
<th>EXTENT OF EXPERIENCE</th>
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| **BACTERIOLOGY**   | • Specimen evaluation and processing  
|                    |   • Microscopic examination of specimens  
|                    |   • Media selection  
|                    |   • Culture evaluation  
|                    |   • Manual, automated, and/or molecular methods for detection and identification of microorganisms  
|                    |   • Antimicrobial susceptibility testing  
|                    |   • Instrument preventive maintenance and troubleshooting  
|                    |   • Quality assurance / laboratory safety  
|                    |   • Problem solving / troubleshooting  
| **MOLECULAR MICROBIOLOGY** | • Specimen evaluation and processing  
|                  |   • Prevention of nucleic acid contamination  
|                  |   • Nucleic acid extraction methods (manual and automated)*  
|                  |   • Manual and/or automated detection and identification  
|                  |   • Quantitative molecular methods*  
|                  |   • Molecular epidemiology*  
|                  |   • Instrument preventative maintenance and troubleshooting  
|                  |   • Quality assurance / laboratory safety  
|                  |   • Problem solving / troubleshooting  
| **MYCOLOGY**       | • Specimen evaluation and processing  
|                    |   • Microscopic examination of specimens  
|                    |   • Media selection  
|                    |   • Culture evaluation  
|                    |   • Manual, automated, and/or molecular methods for detection and identification of microorganisms  
|                    |   • Antifungal susceptibility testing*  
|                    |   • Instrument preventive maintenance and troubleshooting  
|                    |   • Quality assurance / laboratory safety  
|                    |   • Problem solving / troubleshooting  
| **MYCOBACTERIOLOGY** | • Specimen evaluation and processing  
|                  |   • Microscopic examination of specimens  
|                  |   • Media selection  
|                  |   • Culture evaluation  

MAIL TO: ASCP BOC  33 West Monroe Street, Suite 1600, Chicago, IL 60603  | www.ascp.org/boc  | Revised: Jan 2020  | Page 2 of 3
### SPECIALIST IN MICROBIOLOGY

**WORK EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3 & 4)**

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|  | • Manual, automated, and/or molecular methods for detection and identification of microorganisms  
   • Antimycobacterial susceptibility testing*  
   • Instrument preventive maintenance and troubleshooting  
   • Quality assurance / laboratory safety  
   • Problem solving / troubleshooting |
| **PARASITOLOGY** | • Specimen evaluation and processing  
   • Quality assurance / laboratory safety  
   • Microscopic and macroscopic examination of specimens  
   • Manual, automated, and/or molecular methods for detection and identification of microorganisms  
   • Problem solving / troubleshooting |
| **VIROLOGY** | • Specimen evaluation and processing  
   • Cell culture*  
   • Quality assurance / laboratory safety  
   • Manual, automated, and/or molecular methods for detection and identification of microorganisms  
   • Problem solving / troubleshooting |

*FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(*), PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION."