

SPECIALIST IN MICROBIOLOGY

EDUCATOR EXPERIENCE DOCUMENTATION FORM (Routes 5 & 6)

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 EMPLOYER IN ORDER TO **BE ACCEPTABLE)** SUBJECT: VERIFICATION OF EDUCATOR 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) Month _____ Day _____ Year ____ Date employment **started teaching** in Microbiology: Month Day Year Date employment **ended teaching** in Microbiology: How many hours per week teaching? (average if necessary) 2. DIRECTIONS: Please review the experience of this applicant in teaching Microbiology. A Specialist in Microbiology must demonstrate proficiency in teaching moderate and high complexity testing. Please place an X by each area in which this applicant has taught satisfactorily under your supervision using The Guidelines for Evaluating Experience of a Candidate for Specialist in Microbiology. (NOTE: Teaching experience is required 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 EMPLOYER VERIFY THAT THIS APPLICANT HAS TAUGHT SATISFACTORILY IN THE MICROBIOLOGY AREAS CHECKED ON THIS FORM. (Please Print) Immediate Supervisor or Employer Name & Professional Credential(s) Title Immediate Supervisor or Employer Signature Date Telephone Number **Email Address** Institution City, State Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR EMPLOYER WITH THIS EDUCATOR EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EDUCATOR EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR EMPLOYER.



SPECIALIST IN MICROBIOLOGY

EDUCATOR EXPERIENCE DOCUMENTATION FORM (Routes 5 & 6)

GUIDELINES FOR EVALUATING EXPERIENCE OF A CANDIDATE

SPECIALIST IN MICROBIOLOGY

To qualify for certification as a Specialist in Microbiology, the applicant should be proficient in teaching <u>ALL</u> of the tests and procedures indicated in <u>4</u> of the 6 areas of experience listed below.

| AREA OF EXPERIENCE | EXTENT OF EXPERIENCE |
|---------------------------|--|
| 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 Antibiotic 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 automated detection, identification, and quantitation 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 Manual, automated, and/or molecular methods for detection and identification of microorganisms Antimycobacterial susceptibility testing* |



SPECIALIST IN MICROBIOLOGY

EDUCATOR EXPERIENCE DOCUMENTATION FORM (Routes 5 & 6)

| | 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, identification, and quantitation of microorganisms |
| | Problem solving / troubleshooting |

^{*}PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.