

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 Molecular Biology 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 Molecular Biology: Month _____ Day _____ Year _____

Date employment **ended** in Molecular Biology: Month _____ Day _____ Year _____

How many hours per week in Molecular Biology? _____

2. DIRECTIONS: Please review the experience of this applicant. Please place an **X** by each area in which this applicant has demonstrated proficiency under your supervision.

A. Work experience is required in **1** of the 5 areas listed below.

- Genetics/Genomics (e.g., genotyping, genetic disorders, pharmacogenomics, genome-wide analysis)
- Oncology (e.g., hematologic lymphoid neoplasms/neoplasia, solid tumor gene markers)
- Histocompatibility (DNA-based)
- Infectious Disease (e.g., molecular microbiology/virology)
- Molecular Identity Testing (e.g., bone marrow engraftment, paternity, forensic)

B. Work experience is required in **2** of the 6 areas listed below.

- | | |
|--|---|
| <input type="checkbox"/> Test development/validation | <input type="checkbox"/> Regulatory compliance |
| <input type="checkbox"/> Procurement of laboratory equipment | <input type="checkbox"/> Supervisory experience |
| <input type="checkbox"/> Quality management | <input type="checkbox"/> Education/training |

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