ASCP BOARD OF CERTIFICATION

SPECIALIST IN MOLECULAR BIOLOGY

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

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 6 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, epidemiology)
   _____ Molecular identity testing (e.g., bone marrow engraftment, paternity, forensic)
   _____ Informatics for clinical laboratory test interpretation and reporting (e.g., genetics/genomics, oncology, histocompatibility, infectious disease, or molecular identity testing)

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

   _____ Test development/validation
   _____ Procurement of laboratory equipment
   _____ Quality management
   _____ Regulatory compliance
   _____ Supervisory experience
   _____ 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 & Credential(s)

Title

Immediate Supervisor or Laboratory Management* Signature

Date

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.