ASCP BOARD OF CERTIFICATION

SPECIALIST IN MOLECULAR BIOLOGY

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

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	ASCP Customer ID #
Address	Email Address
City, State, Zip Code	Last Four Digits of Applicant's Social Security #

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF 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: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)**

   Date experience **started** in Molecular Biology: Month _____ Day _____ Year _____

   Date experience **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. Experience is required in at least **2** 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., engraftment, paternity, forensic)
   _____ Informatics for clinical laboratory test interpretation and reporting (e.g., genetics/genomics, oncology, histocompatibility, infectious disease, or molecular identity testing)

   B. Experience is required in at least **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 EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE 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.

See www.ascp.org/boc/us-documentation for submission instructions.