

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 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 teaching** in Molecular Biology: Month _____ Day _____ Year _____

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

How many hours per week **teaching**? _____ (average if necessary)

2. DIRECTIONS: Please review the experience of this applicant in teaching Molecular Biology. Please place an **X** by each area which has been taught proficiently.

A. Teaching 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. Teaching experience is required in 2 of the 6 areas listed below.

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|--|---|
| <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 EMPLOYER VERIFY THAT THIS APPLICANT HAS TAUGHT SATISFACTORILY IN THE MOLECULAR BIOLOGY 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.