

**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 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**

Date **teaching** employment **started**: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date **teaching** employment **ended**: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you employed full time \_\_\_\_\_ or part time \_\_\_\_\_ as an educator? If part time, how many hours per week? \_\_\_\_\_

How many **Molecular Biology** courses do you teach per **school year**? \_\_\_\_\_

**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 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.** Teaching experience is required in at least **2** of the 6 areas listed below.

- |   |                              |
|---|------------------------------|
| _____ Test development/validation         | _____ Regulatory compliance  |
| _____ Procurement of laboratory equipment | _____ Supervisory experience |
| _____ Quality management                  | _____ 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	Zip Code
City, State	

**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.**

See [www.ascp.org/boc/us-documentation](http://www.ascp.org/boc/us-documentation) for submission instructions.