

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 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. To establish this applicant's eligibility for certification, the following molecular biology teaching experience 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 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)

_____ 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, 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	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.

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