

## **SPECIALIST IN MOLECULAR BIOLOGY**

EDUCATOR EXPERIENCE DOCUMENTATION FORM (Routes 4 & 5)

## PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name Address			ASCP	ASCP Customer ID #			
			Email Address				
City,	State, Zip Code		Last	Four Digits of Applicant's S	Social Security #		
PART	II (MUST BE COMPLETED AND ACCEPTABLE)	SIGNED BY TH	HE IMMEDIAT	E SUPERVISOR OR E	MPLOYER TO BE		
his ii stab	CT: VERIFICATION OF EDUCATOR EXP ndividual, identified above, has applied ish this applicant's eligibility for certi sary:	l for the Board of	Certification Sp	ecialist in Molecular Biolo			
Р	EASE COMPLETE: EMPLOYMENT						
	Date <b>teaching</b> employment <u>started</u> :	Month	Day	Year			
	Date <b>teaching</b> employment <u>ended</u> :			Year			
j	ndicate employment status below:						
	Full time Part time	_ If part time, ho	ow many hours	per week?			
	How many <b>molecular biology</b> courses	taught per <b>school</b>	year?	_			
	RECTIONS: Please review the experient at has been taught proficiently.	nce of this applica	int teaching mo	lecular biology and place	an <u>X</u> by each area		
A	Teaching experience is required in a in only two of the areas listed on this responsible for adequately preparing refer to the content guideline.	s form, the exam	content will cov	er all areas listed below, o	and the applicant is		
	Genetics/genomics (e.g., go	enotyping, genetic	c disorders, pha	rmacogenomics, 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						
	Informatics for clinical laboratory test interpretation and reporting (e.g., genetics/genomics,						
	oncology, infectious diseas	e, or molecular id	entity testing)				
В	Teaching experience is required in a in only two of the areas listed on this responsible for adequately preparing refer to the content guideline.	s form, the exam	content will cov	er all areas listed below, o	and the applicant is		
		on	Pogulato	ry compliance			
	Test development/validati	•	Regulato	ry comphanice			
	Test development/validati Procurement of laboratory			ory experience			



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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.

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