



NEWSLETTER

Providing excellence in certification of laboratory professionals on behalf of patients worldwide.

CHAIR'S MESSAGE



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The last several months have been a busy and productive time for the Board of Certification (BOC). Not only have we been conducting our usual activities related to certification, we have been actively advocating for the Medical Laboratory Science profession. The Centers for Medicaid and Medicare Services (CMS) issued a formal Request for Information seeking comment and evidence related to several policy proposals. Most important is a proposal to make a bachelor's degree in nursing equivalent to a bachelor's degree in biological science for the purpose of qualifying personnel to perform high complexity testing and to supervise moderate complexity testing as a Technical Consultant. Together with 10 professional partners, the BOC took a firm stance against this proposal. We supported qualifying non-traditional degrees provided that sufficient biological science and chemistry coursework was completed, and advocated for laboratory training of personnel performing testing. Importantly, we urged CMS to require certification for laboratory personnel performing high complexity testing. Included in our comments was support of specimen processing for anatomic pathology specimens as a high complexity test component that should be performed by a certified histotechnologist/histotechnician with oversight by a board-certified pathologist. The entire response can be found [here](#). Many thanks go to the ASCP Institute for Science Technology and Public Policy for helping us draft the comments. The Board of Governors has been discussing additional steps we might take to advocate for the profession. We are seeking data and studies that demonstrate the impact of MLS education and certification on patient safety and accurate test performance. If you have relevant data or a study proposal, we would be pleased to collaborate. Working

together, laboratorians and the professional societies that represent us can best advocate for the unique and vital role we serve in patient care.

At the April Board of Governor's meeting an eligibility route was approved for those with 5 years of experience in the U.S., Canada or an accredited laboratory, allowing transition of MLS(ASCP^I) to MLS(ASCP). More detail and information comparing international and U.S. certifications is forthcoming on the BOC website. The website continues to evolve and improve. Videos explain the CMP declaration and application processes and enhance the program director's experience. Additionally, we now have a presence on Facebook. Check it out!

Finally, I want to ask you to help us protect the value of certification. Unfortunately, fraudulent activities have increased. We note falsification of certificates and posting of BOC exam questions on unauthorized websites. If you observe these activities, please contact us. Encourage your students and co-workers to protect their personal certification information and, whenever possible, seek credential verification directly from the BOC. Individuals work hard to achieve their credentials and we should not let that accomplishment be diminished by fraud.

The BOC continues to grow and I continue to be impressed by the devotion of the BOC volunteers and staff who accomplish an amazing amount of work every day. Thanks to all of those who give their time and energy in support of the important work we do on behalf of patients worldwide. And thanks to you who acquire and maintain a laboratory credential. Such personal advocacy demonstrates commitment to be the best we can be for our patients.

PURPOSE AND METHODOLOGY OF THE ASCLS ENTRY LEVEL CURRICULUM AND THE ASCP BOC PRACTICE ANALYSIS

Written in collaboration with ASCLS and the ASCP Board of Certification

Medical laboratory science associations' blogs, discussion boards and listserv lists are continually populated with questions concerning what to teach laboratory science students, how to prepare for the ASCP Board of Certification (BOC) examination and what is or isn't on the certification examination. Both the ASCLS Entry Level Curriculum (ELC) and the ASCP BOC Practice Analysis can provide some answers to these questions and serve as a resource to educators and those preparing to challenge the ASCP BOC certification examination. This article will describe both of these processes and identify the purpose and intended use of each.

ASCLS Entry Level Curriculum (ELC)

BACKGROUND AND PURPOSE

The Entry Level Curriculum, revised in 2016-2017, is designed to be a resource for medical lab science programs. Entry Level is defined as the knowledge and skills that a new graduate at the MLT or MLS level should possess upon entry into the workforce. The first Entry Level Curriculum (ELC) was published in 2002 and created by educators and practitioners using the Body of Knowledge (BOK) published by ASCLS.

The ELC is designed for several purposes which include to:

- develop a new program
- assist the new instructor/professor with course development
- update a current program or course
- serve as a resource for clinical faculty
- validate what we do as educators
- provide guidance to other organizations for entry level expectations
- establish entry level expectations

2016-2017 REVISION PROCESS

A sub-committee of the ASCLS Education Scientific Assembly (ESA) Committee for

Educational Programs and Initiatives (CEPI) was assembled in the fall of 2015 to facilitate the process of updating the ELC. The committee was charged with two main goals:

1. Use the recently updated (2014 version) ASCLS Body of Knowledge (BOK) and personal expertise in entry level practice to update the curriculum by removing dated topics and adding new items.
2. Ensure differentiation of the MLT and MLS curriculum based on the level of education required for each.

The ELC committee received comments from MLS and MLT educators who attended CLEC in 2016 and continued to solicit comments from educators who could not attend. With these comments, another version was created and distributed to all ASCLS members for comments. These comments were used to create a third revision. Consulting each other, ELC committee members finalized all documents by applying the Beck/Moon algorithm introduced at CLEC 2016 and in Clinical Laboratory Science. (Beck and Moon 2017) The algorithm included three basic questions:

- Is it current practice?
- Is it entry level?
- Is it foundational?

In situations where conflicting comments were received, this algorithm provided the criteria for removing dated information from the documents. Upon completion, the third version was submitted to the ASCLS Board of Directors for adoption at the 2016 House of Delegates.

ELC FORMAT

The MLS and MLT entry level curricula are defined as the knowledge and skills expected of a new graduate upon successful completion of a formal educational program. It assumes no work experience other than that required as part of a clinical education affiliated with the program.

The curriculum format is delineated by discipline area within the MLS and MLT levels. Each discipline area is further delineated by major topics which include a sequence and coordination of concepts, principles and theories and skills.

The curriculum represents a consensus by reviewers of the minimum knowledge and skills required to be successful in an entry level role. The committee developed the final documents with the understanding that all listed technical items may not be available at each educational institution so that in some programs, only cognitive aspects (state, explain, describe) will be taught and at others the psychomotor may also be taught (perform or observe). The committee also expects that some programs will teach beyond what may be included, based upon regional needs of their graduates and availability of resources.

TAXONOMIC LEVELS

The taxonomic levels within the ELC are identified and based upon a simplified version of Bloom's taxonomic levels as described in Clinical Laboratory Education (Beck and LeGrys 2014).

The cognitive domain includes:

- Level 1: recall of basic knowledge and comprehension
- Level 2: application and interpretation of content
- Level 3: critical analysis, decision making, and problem solving, which relates to the evaluation and processing of knowledge

The psychomotor domain includes:

- Level 1: readiness; an awareness of and ready to perform; observes
- Level 2: competence and confidence with performing a task
- Level 3: proficiency and adaptation, ability to alter performance successfully when encountering unexpected or new situations

PURPOSE AND METHODOLOGY OF THE ASCLS ENTRY LEVEL CURRICULUM AND THE ASCP BOC PRACTICE ANALYSIS (CONTINUED...)

The affective domain includes:

- Level 1: awareness of an activity or situation
- Level 2: valuing; attachment of worth and beginning to express behaviors demonstrating value of an activity or situation
- Level 3: commitment; ability to justify values

Taxonomic levels were included to assist new instructors and new programs.

AVAILABILITY

The updated versions of the Entry Level Curriculum for Medical Laboratory Science (MLS) and Entry level Curriculum for Medical Laboratory Technician (MLT) can be purchased from the ASCLS Store at www.ascls.org.

ASCP BOC MLS and MLT Practice Analyses

BACKGROUND AND PURPOSE

The purpose of conducting a practice analysis (a.k.a., job analysis or job task analysis) is to provide the foundation of the certification examination by defining practice in a profession. The practice analysis is administered via surveys which identify the actual tasks that practitioners must be able to perform at the time of certification. The practice analysis provides evidence of content validation. It is required by psychometric standards and is considered best practices for high stakes examination development. (Chinn and Hertz 2010) It also ensures the certification examination is fair, valid, job related and most importantly, legally defensible. In addition, professional standards used by accreditation agencies (i.e., ANSI) as well as legal statutes and guidelines utilize the practice analysis to evaluate the validity of certification programs.

The practice analysis process begins with the development of a comprehensive list of tasks needed for current practice in the field by subject matter experts. This list is placed into survey format along

with a rating scale and demographic questions. The practice analysis survey is then distributed to practitioners. The data collected from the surveys is analyzed and the exam committee reviews the results to determine which tasks will be included when developing the content guideline for the certification examination and subsequently the examination question database. All exam questions are linked to a content area on the content guideline.

PROCESS

During the 2015 certification examination committee meetings, the five categorical examination committees (Blood Banking [BB], Chemistry [C], Hematology [H], Microbiology [M] and Molecular Biology [MB]) provided the input and discussion to develop the practice analysis survey for MLS and MLT. Each committee created the sections of the survey corresponding to their respective disciplines. The Joint Generalist Committee, whose membership includes representatives (mainly educators) from each categorical examination committee, reviewed and approved a final version of the survey. The committee members (subject matter experts) collectively discussed all pertinent aspects of their profession to design a concise survey to extract useful feedback from field professionals while maximizing response rate. The survey had two main components: demographics and task inventory with appropriate rating scales for each.

SAMPLING PROCEDURE

The categorical and Joint Generalist committees determined that the survey should be sent to all current generalists (MT/MLS and MLT certificants) and categorical (BB/C/H/M) certificants in the BOC Personify database.

DEMOGRAPHICS

The demographic questions asked about experience, education, gender, age, titles, work shift, type of facility, areas of lab work, work hours, etc. The purpose of these

questions was to aid the committee in deciding whether the sample of respondents obtained were representative of the profession in general. The demographic data provides analytic categories that allow refinement of the survey population to utilize only those responses from individuals at the targeted professional level.

TASK INVENTORY – KNOWLEDGE AND SKILL QUESTIONS

The survey was broken into two core areas: knowledge and skills. The categorical examination committees and the Joint Generalist committee developed a series of knowledge areas and job-related task questions that formed the body of the survey. This survey had eleven major sections: Laboratory Operations, Blood Banking, Microbiology, Chemistry, Hematology/Coagulation, Molecular Biology, Immunology/Serology, Urinalysis, Body Fluids, Point-of-Care Testing, and Management/Supervision. Respondents only rated the tasks within the major sections in which they work. All respondents rated the tasks within the Laboratory Operations section. For example, if a respondent indicated they currently work in Chemistry and Hematology, they rated tasks within those two sections and Laboratory Operations and did not see any other sections of the survey.

RATING CRITERIA

Different rating scales were used to assess the knowledge and skills on the survey. One rating scale was used for the knowledge-only tasks and asked respondents to assess the significance of having that knowledge to perform their job. The rating scale used for the skill-related tasks assessed whether respondents performed the specific task in their jobs.

SURVEY CONSTRUCTION

The practice analysis survey was created and delivered through Key Survey, an electronic survey vendor from Highroad Solution. Using an electronic tool allowed survey review and testing via the internet,

PURPOSE AND METHODOLOGY OF THE ASCLS ENTRY LEVEL CURRICULUM AND THE ASCP BOC PRACTICE ANALYSIS (CONTINUED...)

email tracking of respondents using email addresses, and the ability to send e-mail reminders for completion of the survey.

PILOT TESTING AND REVISION

The Joint Generalist Committee tested a pilot version of the survey. They commented and revised different aspects of the survey (e.g., information correctness, grammar/spelling errors, electronic glitches, correct survey branching, etc.). The pilot testing comments and edits informed the final version of the survey.

SURVEY DISTRIBUTION

The survey was open for a five-week period. It was emailed to all current generalist (MT/MLS and MLT) and categorical (BB/C/H/M) certificants. ASCP BOC staff also directly emailed the survey to the categorical examination committees and encouraged the committee membership to disseminate the survey to their colleagues. Additionally, links were posted on social media sites (e.g., Facebook and Twitter).

In an effort to garner more responses from individuals working in blood centers, BOC staff also reached out to the Qualification in Apheresis (QIA) work group and the AABB. These contacts were able to get the survey link distributed to several blood centers and placed in an AABB newsletter.

SURVEY ANALYSIS

The responses to the survey were analyzed. Responses from individuals performing higher-level supervisory tasks were not appropriate for an entry level exam and thus excluded. Any individuals not currently practicing (e.g., retired, unemployed, or simply not working as a laboratory professional) were also removed from survey analysis.

TASK ANALYSIS

The tasks were divided amongst eleven major sections (Laboratory Operations, Blood Banking, Microbiology, Chemistry, Hematology/Coagulation, Molecular Biology, Immunology/Serology, Urinalysis, Body Fluids, Point-of-Care

Testing, and Management/Supervision). All respondents saw the Laboratory Operations category. Because respondents only rated the tasks within the major categories in which they perform testing, the number of respondents vary for each section.

COMMITTEE REVIEW AND DECISION

During the following year's exam committee meetings, the Blood Banking, Chemistry, Hematology, and Microbiology Committees reviewed the practice analysis results. They agreed that the demographic results accurately reflect the MLS and MLT population. Each committee reviewed the tasks within their area of expertise. Tasks performed by a low percentage of survey respondents were further reviewed by the committee members to determine whether they should be kept or removed as potential exam topics. Because only a small percentage of the MLS population reported performing management/supervisory tasks, the Management/Supervisory section did not provide useful data. The Joint Generalist Committee then reviewed the decisions made by the aforementioned committees and produced a final determination of the inclusion of the task on the examination.

EXAM CONTENT GUIDELINE AND EXAM DATABASE PUBLICATION

The committee reviewed the exam content area percentages and decided where to set the content area percentages for the new exam database, based on the results of the practice analysis. The committee revised the content guideline to reflect the practice analysis results. The exam committee continuously reviews the exam database according to the new content guideline. Questions are deleted or revised accordingly. New questions are written to fulfill the new content guideline. The items in the database will be reclassified according to the new guideline. After this work is completed, a new exam database will be published and a new standard for the exam will be set.

AVAILABILITY

The MLT/MLS practice analysis report with draft content guidelines will be available on the ASCP BOC website in June.

SUMMARY

The ASCLS Entry Level Curriculum (ELC) defines the knowledge and skills that new MLT or MLS graduates should possess upon entry into the workforce, with no prior work experience. It is designed to assist educators to develop curriculum or update courses. The ASCP BOC MLT and MLS Practice Analyses are used to validate the content of the certification exams by defining the tasks that practitioners perform at entry level. Educators can use the tasks identified on the practice analysis reports and also the exam content guideline (derived from the practice analysis) to validate what they are teaching in their MLT and MLS courses. Examinees and educators can use the practice analysis report and the exam content guideline for certification examination preparation. The information within the ELC and the practice analysis report are similar, but each document is developed for a unique purpose.

Both the ELC and the BOC practice analysis will be updated every five years. During the next ELC revision cycle, the outcomes of the recent BOC practice analysis will be considered. A new practice analysis cycle results in revisions to the content guidelines and examination databases and the setting of new standards for passing the examinations.

Bibliography

- Beck, S., and T.C. Moon. 2017. "An Algorithm for Curriculum Decisions in Medical Laboratory Science Education." *Clinical Laboratory Science* 105-111.
- Beck, Susan J., and Vicky A. LeGrys. 2014. *Clinical Laboratory Education*. 3rd. Westminster.
- Chinn, R.N., and N.R. Hertz. 2010. *Job Analysis: A Guide for Credentialing Organizations*. Lexington: Council on Licensure, Enforcement and Regulation (CLEAR).

CREDENTIAL MAINTENANCE PROGRAM (CMP) CERTIFICATES DISCONTINUED

Beginning July 1, 2018, the Board of Certification will no longer issue CMP wall certificates every three years upon completion of the Credential Maintenance Program (CMP). In its place, the BOC will be issuing access to an electronic renewal letter. This will allow certificants faster notification of successful completion of the CMP with the ability to print notification results.

The elimination of CMP wall certificate is due in part to the steady increase in the number of BOC wall certificates being used fraudulently. And, after reviewing the recertification procedure for a number of professional certification bodies, we found that providing a notification of recertification rather than a wall certificate is standard practice.

Upon successful completion of initial BOC certification, examinees will receive a wall certificate indicating their certification by the ASCP Board of Certification. These wall certificates should be safeguarded. They should not be posted on social media. Instances of fraud have been traced back to individuals who posted their BOC certificate and other personal documents (i.e., college transcripts) on social media. Unfortunately, individuals who post this type of personal information are at risk for identity theft as well as providing an opportunity for others to commit certification fraud.

Please note, the only way to definitively verify ASCP certification is through [primary source verification](#).

The Core Values that Define the BOC:

COMPETENCE

EXCELLENCE

RESPECT

TRUST

INTEGRITY

STEWARDSHIP

UPDATES FROM THE BOC BOARD OF GOVERNORS' MEETING

The Board of Certification (BOC) Board of Governors met on April 13 and 14 in Miami, Fla. The following actions were taken by the Board of Governors:

- The following eligibility requirements were revised.
 - » Medical Laboratory Assistant (MLA) – the requirements were clarified to include the definition of an acceptable clinical laboratory.
 - » Technologist in Blood Banking (BB), Chemistry (C), Cytogenetics (CG), Hematology(H), Microbiology(M), Molecular Biology(MB), and Specialist in Cytometry (SCYM) – elimination of “medical sciences” under the academic requirements;

see the detailed requirements for each category.

- » ASCPⁱ to ASCP transition will be implemented only for MLS(ASCP) at this time. A new eligibility route will be added to the U.S. eligibility routes for MLS as follows. Based on previous successful completion of the MLS examination, these MLS(ASCP)ⁱ certificants will not be required to retake the MLS examination.
 - ♦ ROUTE 5: MLS(ASCP)ⁱ certification, AND five years of full time acceptable clinical laboratory experience in blood banking, chemistry, hematology, microbiology, immunology, and urinalysis/body fluids in the U.S.,

Canada or an accredited laboratory* within the last ten years.

- *CMS CLIA certificate of registration, compliance, accreditation; OR JCI accreditation; OR Accreditation under ISO 15189
- As previously announced, the Credential Maintenance Program (CMP) requirements for Pathologists' Assistants, PA(ASCP) were revised to require 15 additional points specifically related to cancer cases and their staging, and one additional point in medical ethics for a total of 60 points. **These revised requirements will go into effect for all certificants recertifying on or after Jan. 1, 2022.**

THE ASCP BOARD OF CERTIFICATION (BOC) IS NOW ON FACEBOOK!



Students, laboratory professionals, program directors, and others can now benefit from the BOC's new Facebook page. Look for weekly posts and tips from our knowledgeable and experienced volunteers and staff who will provide advice on certification and credential maintenance related topics. Visitors to the page will also have the opportunity to ask questions and interact directly with BOC staff and laboratory professionals on such subjects as certification, qualification, CMP, and much more!

The **ASCP BOC Program Directors Group** is an open, peer-based group for directors of laboratory programs whose students seek BOC certification.

[Join here!](#)

The **ASCP BOC International Group** is an open group for those interested in ASCP BOC international certifications.

[Join here!](#)

THE BOC WEBSITE NOW FEATURES THREE VIDEOS TO HELP YOU WITH THE CERTIFICATION PROCESS AND BEYOND.

Applying for an exam?
[Watch this informative video](#) to learn about the application process and what to expect.

Time to complete CMP?
[Watch this video](#) to learn more about the CMP declaration process and pick-up some useful tips.

Are you a Program Director?
[Check out this video](#) to find resources designed just for you and to help guide you and your students through the certification process.

CLICK HERE TO CHECK IT OUT!



BEWARE OF DISPLAYING YOUR BOARD OF CERTIFICATION CERTIFICATE ON SOCIAL MEDIA

Successfully passing the ASCP Board of Certification examination is an outstanding achievement and a certificate is sent to you in recognition of your newly attained certification. While you may choose to display your certificate in your home or at your place of employment, we strongly discourage you from taking photographs of your certificate and sharing these images on any form of social media.

Unfortunately, images of certificates have been used to produce fraudulent certificates for individuals who are not certified. These fraudulent certificates are used to obtain jobs by individuals who may not be qualified to work in the laboratory. To protect the integrity of your own ASCP credentials and your certification record, do not loan your certificate or any documentation of certification to another individual.

Do not share images of your certificate or score report over any social media.

To maintain the value of ASCP certification and, most importantly, for patient safety and welfare, we must all be vigilant in protecting our certification credentials.

ASCP BOARD OF CERTIFICATION AT MEDLAB 2018

From Feb. 5-8, 2018, Patricia Tanabe, MPA, MLS(ASCP)^{CM}, ASCP BOC Executive Director, promoted certification and the Credential Maintenance Program (CMP) from the BOC's exhibit booth at the 2018 MEDLAB Congress in Dubai, U.A.E.

The BOC has exhibited at MEDLAB since 2013 because, with over 25,000 attendees from over 129 different countries, the congress offers the BOC an excellent opportunity to promote BOC international certification to a large and diverse cohort of international lab professionals. In addition, it gives potential applicants the opportunity to meet one on one with BOC staff who can answer questions and offer advice on applying for BOC examinations.

The BOC also partnered with the Eurospan Group to offer congress attendees the opportunity to review and purchase examination preparation materials and books right from the BOC exhibit booth. Ms. Tanabe said attendees responded favorably to this arrangement with Eurospan and to being able to speak with her directly.

"I always get such positive energy from the attendees at this meeting. These are young professionals who are just beginning their career and are so motivated to further their education and their credentials. It's also an opportunity for me to talk with attendees about

I always get such positive energy from the attendees at this meeting. These are young professionals who are just beginning their career and are so motivated to further their education and their credentials.



Patricia Tanabe, MPA, MLS(ASCP)^{CM}, ASCP BOC Executive Director, at the BOC exhibit booth during MEDLAB 2018.

how the BOC can provide better services and the benefits of becoming certified."

The BOC's presence at the event over the past six years appears to be paying off. In 2013, for instance, the BOC received about 200 ASCPⁱ applications from the Middle East and North Africa (MENA) region. As of Dec. 2017, the BOC has received nearly 1,300 unique MENA region international certification exam applications.

"This meeting is an opportunity to further educate and publicize the BOC certification to a worldwide audience. It is important to continually promote certification in the MENA region as licensure and regulations for work eligibility continue to be developed," said Tanabe.

BOC COMMITMENTS

PRACTICE ANALYSES

Perform practice analyses every five years.

EXAM QUESTIONS

Annually review questions for relevancy and validity.

EXAM DATABASE

Update the database of questions with new content to allow for industry/technology changes.

EXAM COMMITTEES

Engage content experts who represent a broad spectrum of experience and geographical areas.

ANSI

Remain ANSI accredited.

EXAM

Publish an exam from updated exam database within five years.

ASCP BOARD OF CERTIFICATION

2017 EXAMINATION STATISTICS FOR ASCP CREDENTIAL

EXAM TYPE	FIRST YEAR CERTIFIED	MEAN	STANDARD DEVIATION	RANGE OF SCORES	TOTAL # TAKING EXAM	TOTAL PASS	TOTAL FAIL	1ST TIME CAAHEP/NAACLS PASS	2017 TOTAL CERTIFIED
MLS	1931	491	140	100 987	4,994	3,619 72%	1,375 28%	2,954 83%	262,320
MLT	1969	502	133	100 999	3,243	2,484 77%	759 23%	2,211 82%	96,553
PBT	1989	552	120	142 999	3,344	3,003 90%	341 10%	507 93%	61,280
BB	1983	465	114	276 865	79	56 71%	23 29%		3,341
SBB	1954	376	136	100 744	170	70 41%	100 59%	32 68%	5,718
C	1948	390	101	100 737	255	111 44%	144 56%		5,348
SC	1954	457	102	274 661	36	24 67%	12 33%		1,805
CT	1957	483	117	158 731	131	102 78%	29 22%	91 86%	16,078
SCT	1959	469	129	276 724	14	9 64%	5 36%		695
CG	2009	433	88	128 615	143	97 68%	46 32%	17 89%	4,276
DLM	1989	388	75	227 528	43	16 37%	27 63%		1,055
DPT	2003	504	94	247 761	38	35 92%	3 8%		370
H	1971	465	121	168 776	101	76 75%	25 25%		3,774
SH	1968	417	117	158 638	63	34 54%	29 46%		2,749
HT	1948	455	129	100 776	663	428 65%	235 35%	244 78%	25,234
HTL	1980	440	111	144 741	370	244 66%	126 34%	99 82%	4,506
M	1948	437	129	114 999	233	140 60%	93 40%		6,411
SM	1953	429	113	112 638	49	33 67%	16 33%		3,248
MB	2003	476	118	100 771	615	457 74%	158 26%	70 96%	4,458
MLA	2016	455	120	244 759	86	51 59%	35 41%	N/A N/A	75
PA	2005	581	106	274 759	155	146 94%	9 6%	139 95%	2,274
SCYM ¹	2017	467	198	243 763	7	5 71%	2 29%		916
Other ²									25,532
TOTAL					14,832	11,240 76%	3,592 24%	6,364 84%	538,016

¹ SCYM exam began 10/2017 and total of 911 certifications from ICCE - CCy and ASCP BOC - QCYM

² Includes AT, CLA, HP, I, NM, SI, SLS, SV and includes certifications transferred from NCA.

Blue shading denotes all candidates who took exam through CAAHEP/NAACLS eligibility routes.

Rev date: 01/19/2018

CLINICAL LABORATORY EDUCATORS' CONFERENCE (CLEC) UPDATE

The ASCP Board of Governors Chair and the ASCP Board of Certification (BOC) staff had a wonderful opportunity to meet with the program directors at Clinical Laboratory Educator's Conference (CLEC) February 22-23 in Houston, Texas. On Thursday, February 22nd, Susan Harrington, PhD, D(ABMM), MLS(ASCP)^{CM}, Chair of the ASCP Board of Certification (BOC) Board of Governors gave the BOC update. See our post on the new [BOC Facebook page](#).

Pat Tanabe, MPA, MLS(ASCP)^{CM}, ASCP BOC Executive Director and Kristin Blake, MA,

Manager, BOC Operations, staffed the BOC booth. Five copies of the BOC Study Guide for Clinical Laboratory Certification Examinations, three copies of the BOC Study Guide for Phlebotomy Certification Examinations, and one copy of the BOC Study Guide for Histotechnology Certification were raffled off to nine lucky winners at the conference. We enjoyed meeting and talking with the program directors and educators. Thank you for visiting us at the BOC booth!

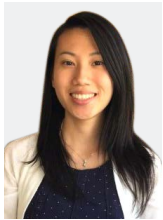
Helpful BOC Links

[Understanding ASCP BOC Certification Examinations](#)

[Students' Eligibility and Transcript Requirements](#)

[2018 User's Guide for Program Performance Reports](#)

BOC STAFF SPOTLIGHT: KAREN FONG



Last September, Karen Fong joined the Board of Certification (BOC) as the Manager of Certification Measurement and Research, where she maintains the integrity of BOC exams. Generating and reviewing item statistics and content; exam scoring; and conducting standard setting with exam committees are a full time job in the BOC.

Born in Macau, she moved to New York City at age five. Ms. Fong earned a degree in psychology from Hunter College in New York City. In 2014, she moved to Chicago. She currently studies Measurement, Evaluation, Statistics, and Assessment at the University of Illinois Chicago.

WE ASKED MS. FONG A FEW QUESTIONS TO GET TO KNOW HER BETTER:

What is your favorite thing to do when not working?

Most of my time right now is invested into my doctoral program. I have many streaming apps. I like watching shows or movies, checking out new restaurants, swimming and playing video games.

If you could visit anywhere in the world you've never been, where would you go?

I haven't been to many places, but I would love to visit the Oceania islands and some regions in Central Asia.

If you could be any animal, which would you be?

An eagle. Eagles are independent, great hunters, agile, and can fly.

What was the best advice you've ever received?

A close friend once told me, "There's nothing that should make you terribly angry." She wasn't referring to large-scale, social events that rightfully trigger angry emotions. But in terms of everyday life and I think this is on point.

What are some of your pet peeves?

People claiming things as "facts" without fact checking and obnoxiously loud sounds in a quiet environment.

If you were a crayon, what color would you be?

I'm not sure if I want to be a crayon, but I like the color purple...so maybe a purple color pencil?

Give us one interesting fact about you.

My humor is dry most of the time.

BOC PROFESSIONAL PARTNERS MEETING DATES

JUNE 2018
ASM Microbe 2018
 American Society for Microbiology (ASM)
 Atlanta, GA | June 7 – 11, 2018

JULY 2018
70th AACC Annual Scientific Meeting & Clinical Lab Expo
 American Association for Clinical Chemistry (AACC)
 Chicago, IL | July 29 - August 2, 2018

2018 Annual Meeting & Clinical Lab Expo
 American Society for Clinical Laboratory Science (ASCLS)
 Chicago, IL | July 29 - August 2, 2018

SEPTEMBER 2018
44th Annual Continuing Education Conference
 American Association of Pathologists' Assistants (AAPA)
 New Orleans, LA | September 23 – 28, 2018

2018 NSH Annual Symposium/Convention
 National Society for Histotechnology (NSH)
 St. Louis, MO | September 21 – 26, 2018

OCTOBER 2018
2018 ASCP Annual Meeting
 American Society for Clinical Pathology (ASCP)
 Baltimore, MD | October 3 – 5, 2018

AABB Annual Meeting
 AABB
 Boston, MA | October 13 – 16, 2018

NOVEMBER 2018
ASC 66th Annual Scientific Meeting
 American Society of Cytopathology (ASC)
 Washington, DC | November 10 – 13, 2018

DECEMBER 2018
60th ASH Annual Meeting & Exposition
 American Society of Hematology (ASH)
 San Diego, CA | December 1 – 4, 2018

FEBRUARY 2019
ASCLS Clinical Laboratory Educator's Conference (CLEC)
 The American Society for Clinical Laboratory Science (ASCLS)
 Baltimore, MD | February 21 – 23, 2019



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