

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

ASCP Customer ID #

Address

Email Address

City, State, Zip Code, Country

Last Four Digits of Applicant's Social Security # (if any)

If necessary, multiple documentation forms may be submitted to verify that the experience requirements have been met. Multiple forms must be submitted if experience was obtained at different laboratories or under different supervisors. (NOTE: It is the applicant's responsibility to ensure experience is documented in **ALL** areas required for eligibility.)

Will more than one documentation form be submitted for this application? Yes _____ No _____

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR MANAGER* TO BE ACCEPTABLE.)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Qualification in Biorepository Science examination. In order to establish this applicant's eligibility for qualification, the following biorepository** experience information is necessary:

1. PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)

Date biorepository experience **started**: Month _____ Day _____ Year _____

Date biorepository experience **ended**: Month _____ Day _____ Year _____

How many biorepository hours per week? _____

2. DIRECTIONS: Please review the experience of this applicant. Place an **X** by each area in which this applicant has demonstrated proficiency under your supervision in a biorepository**. Individuals certifying proficiency should have personally observed or reviewed the applicant's work.

***For the purposes of the QBRs credential, specimens are procured only from humans or other animals. A biorepository is defined as a formally managed physical or virtual entity that may receive, process, store, and/or distribute specimens and/or samples and their associated data as appropriate in support of current or future use. All repositories should be planned, organized, and managed in accordance with applicable ethical and legal frameworks and comply with national/federal, regional, and local regulations.*

NOTE: Experience is required in at least **4** of the 9 areas listed below:

	Subject Consent		Sample/Data Quality Control
	Specimen/Data Collection		Equipment Quality Control (e.g., maintenance, validation, calibration)
	Specimen/Data De-identification		Enhanced Technical Areas (e.g., histology, tissue microarray, slide imaging, microdissection, viable cell isolation, nucleic acid/protein extraction)
	Specimen/Data Processing		
	Sample/Data Storage		
	Sample/Data Distribution		

QUALIFICATION IN BIOREPOSITORY SCIENCE

EXPERIENCE DOCUMENTATION FORM (Routes 1 – 7)

3. BY SIGNING THIS FORM, I AS THE IMMEDIATE BIOREPOSITORY SUPERVISOR OR MANAGER,* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE BIOREPOSITORY AREAS CHECKED ON THIS FORM.

_____ (Please Print) Immediate Biorepository Supervisor or Manager's* Name & Credential(s)		_____ Title
_____ Immediate Biorepository Supervisor or Manager's* Signature		_____ Date
_____ Telephone Number	_____ Email Address	
_____ Facility / Institution		
_____ City, State	_____ Zip Code	_____ Country

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR MANAGER* WITH THIS EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD AND STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR MANAGER.*

**Manager is defined as someone in a managerial or supervisory capacity, regardless of title, who can verify technical experience.*

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