

# QUALIFICATION IN BIOREPOSITORY SCIENCE

## WORK EXPERIENCE DOCUMENTATION FORM (Routes 1 – 3)

### PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	Last Four Digits of U.S. Social Security # <i>(if applicable)</i>
Address	Email Address
City, State	Zip Code
Country	Daytime Telephone Number

### PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE BIOREPOSITORY SUPERVISOR OR MANAGER\* IN ORDER TO BE ACCEPTABLE.)

#### SUBJECT: VERIFICATION OF WORK 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 information is necessary:

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

Date experience **started** in Biorepository:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date experience **ended** in Biorepository:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week employed? \_\_\_\_\_ In Biorepository? \_\_\_\_\_

#### 2. DIRECTIONS: Please review the work experience of this applicant. Place an **X** by each area in which this applicant has demonstrated proficiency under your supervision. Individuals certifying proficiency should have personally observed or reviewed the applicant's work. **NOTE:** Work experience is required in at least **4** of the following 9 areas:

<input type="checkbox"/> Subject Consent <input type="checkbox"/> Specimen/Data Collection <input type="checkbox"/> Specimen/Data De-identification <input type="checkbox"/> Specimen/Data Processing <input type="checkbox"/> Sample/Data Storage <input type="checkbox"/> Sample/Data Distribution	<input type="checkbox"/> Sample/Data Quality Control <input type="checkbox"/> Equipment Quality Control (e.g., maintenance, validation, and calibration) <input type="checkbox"/> Enhanced Technical Areas (e.g., histology, tissue microarray, slide imaging, microdissection, viable cell isolation, nucleic acid/protein extraction)
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#### 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	Country
Zip Code	

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

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