

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 # (if any)

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE BIOREPOSITORY SUPERVISOR OR MANAGER* IN ORDER 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 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 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:

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

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.*

SEE www.ascp.org/boc/us-documentation FOR SUBMISSION INSTRUCTIONS.

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