QUALIFICATION IN APHERESIS
WORK EXPERIENCE DOCUMENTATION FORM (Routes 1 – 4 & 7)

PART I (TO BE COMPLETED BY APPLICANT)

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

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE APHERESIS 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 Apheresis examination. In order to establish this applicant’s eligibility for qualification, the following information is necessary:

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

Date employment started in Apheresis: Month _____ Day _____ Year _______
Date employment ended in Apheresis: Month _____ Day _____ Year _______
How many hours per week employed? _____ In Apheresis? _______

2. DIRECTIONS: Please review the experience of this applicant. Please 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: Experience is required in at least one of the following apheresis areas.)

- Therapeutic plasma exchange (TPE)
- Hematopoietic progenitor cell collection (HPC)
- Red blood cell exchange
- Automated red blood cell collections (RBC)
- Cellular depletions
- Donor platelet collections
- Selective adsorptions
- Donor plasma collections
- Extracorporeal photopheresis (ECP)
- Granulocyte collections
- Mononuclear cell collections (MNC)

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

(Please Print) Immediate Apheresis Supervisor or Manager’s* Name & Certification(s)
Title
Immediate Apheresis 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 APHERESIS 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 APHERESIS SUPERVISOR OR MANAGER.*

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