



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

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 U.S. Social Security # <i>(if applicable)</i>

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE APHERESIS 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 Apheresis 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 Apheresis: Month _____ Day _____ Year _____

Date experience **ended** in Apheresis: Month _____ Day _____ Year _____

How many hours per week 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 **1** of the 11 apheresis areas listed below.)

_____ 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 & Credential(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.*
See www.ascp.org/boc/qualification-documentation for submission instructions.