

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.)

<p>_____ Therapeutic plasma exchange (TPE)</p> <p>_____ Red blood cell exchange</p> <p>_____ Cellular reductions</p> <p>_____ Selective adsorptions</p> <p>_____ Extracorporeal photopheresis (ECP)</p> <p>_____ Mononuclear cell collections (MNC)</p>	<p>_____ Hematopoietic progenitor cell collection (HPC)</p> <p>_____ Automated red blood cell collections (RBC)</p> <p>_____ Donor platelet collections</p> <p>_____ Donor plasma collections</p> <p>_____ Granulocyte collections</p>
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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.