

PART I (TO BE COMPLETED BY APPLICANT)

Individual's Name _____

Name of Program _____

PART II (MUST BE COMPLETED AND SIGNED BY THE TRAINING PROGRAM DIRECTOR IN ORDER TO BE ACCEPTABLE. ALL ELIGIBLE TRAINING MUST BE COMPLETED AS PART OF A RESIDENCY OR FELLOWSHIP.)

1. SUBJECT: VERIFICATION OF CLINICAL TRAINING FOR EXAMINATION ELIGIBILITY

Please check (✓) if the applicant has completed clinical training as part of their academic program. _____

2. DIRECTIONS:

Please check (✓) if this applicant has obtained training in apheresis as part of their post-graduate medical education. This applicant must have been trained in **ALL** of the following areas.

_____ Evaluating patients and/or donors for suitability to undergo apheresis procedures

_____ Writing orders for apheresis procedures

_____ Supervising apheresis procedures

_____ Evaluating and managing adverse events during apheresis procedures

3. THIS IS TO DOCUMENT THAT THE ABOVE NAMED INDIVIDUAL HAS SUCCESSFULLY COMPLETED THE TRAINING IN APHERESIS AS PART OF THEIR POST-GRADUATE MEDICAL EDUCATION AS CHECKED AND LISTED ABOVE.

(Please Print) Training Program Director's Name

Title

Training Program Director's Signature

Date

Training Program Director's Email Address

Institution

Institution Telephone Number

Institution Address

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR TRAINING PROGRAM DIRECTOR WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR TRAINING PROGRAM DIRECTOR. TRAINING DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE.

See www.ascp.org/boc/qualification-documentation for submission instructions.