



QUALIFICATION IN IMMUNOHISTOCHEMISTRY WORK EXPERIENCE DOCUMENTATION FORM (Routes 2, 3 & 4)

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	Last Four Digits of Applicant's Social Security #
Address	Email Address
	Daytime Telephone Number

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* 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 Immunohistochemistry 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 Immunohistochemistry: Month _____ Day _____ Year _____
 Date employment **ended** in Immunohistochemistry: Month _____ Day _____ Year _____
 How many hours per week employed? _____ In Immunohistochemistry? _____

2. DIRECTIONS: Please review the work experience of this applicant to determine that he/she has performed Immunohistochemistry (IHC) procedures in the areas listed below. Please place an **X** next to the areas in which experience is adequate. Check (✓) the subareas as appropriate. **NOTE:** Direct performance, training and/or management/supervision of IHC procedures are acceptable in meeting the work experience requirements.

- A. _____ Immunohistochemical and/or Immunofluorescence
All of the following should have been performed by the applicant:
 _____ Selection of proper control material
 _____ Performance of staining technique
 _____ Titration of immunologic reagents
- B. _____ Quality Control and Assurance
Applicant should have participated in Quality Assurance related to all of the following:
 _____ Method selection, validation, documentation _____ Specimen fixation, processing, microtomy
 _____ Reagent selection, preparation, storage, disposal _____ Interpretation of normal staining patterns
 _____ Safety

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

(Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(s)	Title
Immediate Supervisor or Laboratory Management* Signature	Date
Telephone Number	Email Address
Institution	
City, State	Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* WITH THIS WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

**Management is defined as someone in a management role who can verify technical experience.*



QUALIFICATION IN IMMUNOHISTOCHEMISTRY WORK EXPERIENCE DOCUMENTATION FORM (Routes 2, 3 & 4)

PART III (TO BE COMPLETED BY APPLICANT)

Applicant's Name	Last Four Digits of Applicant's Social Security #
Address	Email Address
	Daytime Telephone Number

PART IV (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* 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 Immunohistochemistry 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 Histotechnology: Month _____ Day _____ Year _____

Date employment **ended** in Histotechnology: Month _____ Day _____ Year _____

How many hours per week in Histotechnology? _____

2. **DIRECTIONS:** Please review the experience of this applicant. Please place an **X** by each area in which this applicant has performed satisfactorily under your supervision by using **The Guidelines for Evaluating Experience of a Candidate for Histotechnology**. (NOTE: It is the applicant's responsibility to ensure work experience is documented in **all FIVE** areas required for eligibility.)

_____ Fixation	_____ Staining
_____ Processing	_____ Laboratory Operations
_____ Embedding /Microtomy	

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

_____ (Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(s)	_____ Title
_____ Immediate Supervisor or Laboratory Management* Signature	_____ Date
_____ Telephone Number	_____ Email Address
_____ Institution	
_____ City, State	_____ Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* WITH THIS WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

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GUIDELINES FOR EVALUATING EXPERIENCE OF A CANDIDATE

HISTOTECHNOLOGY

To qualify for the immunohistochemistry qualification exam, the applicant should be competent to perform **ALL** of the tests and procedures indicated. Competency may be demonstrated through direct observation of performance or review of results. The immunohistochemistry qualification applicant should have the equivalent histotechnology knowledge and skill to those of a graduate of an accredited Histotechnology program:

AREA OF EXPERIENCE	EXTENT OF EXPERIENCE
FIXATION	<ul style="list-style-type: none"> • Tissue Identification • Parameters (e.g., pH, time, temperature) • Reagents • Selection, preparation, and use of fixatives for various applications • Troubleshooting/problem solving of fixation artifacts
PROCESSING	<ul style="list-style-type: none"> • Selection, preparation, and use of decalcification reagents • Selection of appropriate processing methods for: <ul style="list-style-type: none"> ○ Routine histology ○ Immunofluorescence ○ Immunohistochemistry ○ Cytology • Operation and maintenance of a tissue processor
EMBEDDING / MICROTOMY	<ul style="list-style-type: none"> • Embedding <ul style="list-style-type: none"> ○ Tissue identification and orientation ○ Operation and maintenance of an embedding center • Microtomy <ul style="list-style-type: none"> ○ Paraffin ○ Frozen • Operation and maintenance of a microtome / water bath and cryostat
STAINING	<ul style="list-style-type: none"> • Selection of appropriate control material • Reagent preparation • Operation and maintenance of staining equipment • Mounting and coverslipping procedures • Identification of tissue structures and their staining characteristics • Routine staining (i.e., H&E) • Special staining <ul style="list-style-type: none"> ○ Carbohydrates and amyloid ○ Connective tissue ○ Microorganisms ○ Pigments and minerals
LABORATORY OPERATIONS	<ul style="list-style-type: none"> • Operation, preventive maintenance, and corrective action for equipment • Troubleshooting • Quality control • Application of laboratory safety protocols