

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 Applicant's Social Security # (if any)

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

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

How many hours per week in Immunohistochemistry? _____

2. DIRECTIONS: Please review the 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 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 / Facility	Country
City, State, Zip Code	

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* 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 SUPERVISOR OR LABORATORY MANAGEMENT*.

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

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