



# QUALIFICATION IN LABORATORY SAFETY EXPERIENCE DOCUMENTATION FORM

## 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 Laboratory Safety 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 laboratory safety responsibility **started** :    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Date laboratory safety responsibility **ended** :    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**2. DIRECTIONS:** Please review the experience of this applicant and place an **X** next to the areas for which the applicant is responsible or participates in. Direct performance, training, and/or management/supervision of Laboratory Safety procedures are acceptable in meeting the experience requirements. NOTE: experience is required in at least **4** of the 7 areas listed below:

_____ Biohazard Control (e.g., bloodborne pathogens, infection control)	_____ Physical Environment (e.g., electrical, equipment, spills, waste management, emergency preparedness, shipping)
_____ Chemical Safety	_____ Safety Management (e.g., risk assessment, monitoring, safety committee)
_____ Ergonomics	_____ Training and Education
_____ Fire Safety	

#### 3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE LABORATORY SAFETY 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	
_____ City, State, Zip Code	_____ Country

**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](http://www.ascp.org/boc/qualification-documentation) for submission instructions.