



# SPECIALIST IN CYTOMETRY

## WORK EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3, 4, 5 & 6)

### 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 Specialist in Cytometry examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

#### 1. PLEASE COMPLETE: EMPLOYMENT (INCLUDING ON-THE-JOB TRAINING)

Date employment **started** in Cytometry: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date employment **ended** in Cytometry: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week in Cytometry? \_\_\_\_\_

2. **DIRECTIONS:** Please review the experience of this applicant. A specialist in cytometry must demonstrate proficiency in moderate and high complexity testing. Please place an **X** by each procedure in the following three areas in which the applicant has adequate experience under your supervision.

#### A. Flow Cytometry Applications (NOTE: Experience is required in at least **1** of the 12 areas listed below.)

- |  |   |   |
|--|---|---|
| _____ Immunophenotyping (e.g., CD4, leukemia/lymphoma, transplant) | _____ Red blood cell analysis (e.g., PNH, fetal hemoglobin) | _____ Microorganism and/or microparticle analysis |
| _____ Cell sorting   | _____ Progenitor cells                                      | _____ Multiplex bead assays                       |
| _____ Cell cycle analysis / DNA ploidy                             | _____ Therapeutic drug monitoring                           | _____ Imaging cytometry                           |
| _____ Apoptosis  | _____ Functional assays                                     | _____ Rare event analysis                         |

#### B. Cytometric Analysis (NOTE: Experience is required in at least **3** of the 5 areas listed below.)

- |                           |                                 |                         |
|---------------------------|---------------------------------|-------------------------|
| _____ Specimen processing | _____ Instrument set-up         | _____ Specimen analysis |
| _____ Data management     | _____ Interpretation of results |                         |

#### C. Quality Assurance (NOTE: Experience is required in at least **3** of the 6 areas below.)

- |  |   |
|--|---|
| _____ Specimen collection, processing, storage   | _____ Reagent selection, preparation, storage, disposal |
| _____ Assay selection, validation, documentation | _____ Instrument operation and maintenance              |
| _____ Quality control and proficiency testing    | _____ Safety  |

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

(Please Print) Immediate Supervisor or Laboratory Management\* Name & Certification(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.*