

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

ASCP Customer ID #

Email Address

Address

PART II (MUST BE COMPLETED AND SIGNED BY LABORATORY MANAGEMENT* OR EMPLOYER IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification International Technologist in Chemistry examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

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

Date experience **started** in Chemistry: Month _____ Day _____ Year _____

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

How many hours per week in Chemistry? _____ (average, if necessary)

2. DIRECTIONS: Please review the experience of this applicant. Please place an **X** by each procedure that has been performed satisfactorily including pre-analytical, analytical and post-analytical phases of testing under your supervision by this applicant. (NOTE: Experience is required in **8** of the 15 procedures listed below.)

<input type="checkbox"/> Blood gases	<input type="checkbox"/> Heme compounds	<input type="checkbox"/> Point-of-care
<input type="checkbox"/> Carbohydrates	<input type="checkbox"/> Hormones/vitamins	<input type="checkbox"/> Proteins
<input type="checkbox"/> Electrolytes	<input type="checkbox"/> Immunochemistry	<input type="checkbox"/> Quality management
<input type="checkbox"/> Electrophoresis	<input type="checkbox"/> Lipids/lipoproteins	<input type="checkbox"/> Therapeutic drug monitoring
<input type="checkbox"/> Enzymes	<input type="checkbox"/> Non-protein nitrogen compounds	<input type="checkbox"/> Toxicology

3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT* OR EMPLOYER VERIFY THAT THIS APPLICANT IS PROFICIENT IN EACH OF THE CHEMISTRY AREAS CHECKED ON THIS FORM.

(Please Print) Laboratory Management* or Employer Name

Title

Laboratory Management* or Employer Signature

Date

Laboratory Management* or Employer Email Address

Institution Telephone Number

Institution

Institution Address

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR LABORATORY MANAGEMENT* OR EMPLOYER 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 LABORATORY MANAGEMENT* OR EMPLOYER. EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE.

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

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