

PART I (TO BE COMPLETED BY APPLICANT)

Student's Name

Name of Program**PART II (MUST be completed and signed by Program Director in order to be acceptable.)**

Please check (✓) if the applicant has completed a Cytology program that contained both **theory and practice** in gynecologic cytology.

LENGTH OF CYTOLOGY PROGRAM: (IN MONTHS) _____ **TYPE OF DEGREE** _____

DATE OF COMPLETION: Month _____ Day _____ Year _____

This is to document that the above named student has successfully completed the current minimum academic requirements for the Board of Certification International Gynecologic Cytologist examination as checked and listed above, and has completed the minimum of a 2 year diploma or equivalent by the examination date.

I verify that the named student has completed a Cytology program at the institution mentioned below.

(Please Print) Program Director's Name

Title

Program Director Signature

Date

Name of Program

Program Director's Email Address

Institution

Institution Telephone Number

Institution Address

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR. TRAINING DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE.

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