## 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. All eligible clinical training must be completed outside of the classroom setting as part of their internship, laboratory/industrial posting, clinical rotation, service or practicum.)**

1. **SUBJECT: VERIFICATION OF CLINICAL TRAINING FOR EXAMINATION ELIGIBILITY**

   Please check (✓) if the applicant completed clinical training as part of their academic program. _____

2. **DIRECTIONS:**

   Please check (✓) by each area in which this applicant has obtained clinical training as part of their academic program. (NOTE: It is the applicant's responsibility to ensure clinical training is documented in all **FOUR** areas as required for eligibility.)

   Blood Banking (Immunohematology) _____     Microbiology _____

   Chemistry _____     Hematology _____

   **LENGTH OF CLINICAL TRAINING 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 Medical Laboratory Scientist examination as checked and listed above, and has completed a baccalaureate degree or equivalent by the examination date.

I verify that the named student has completed a Medical Laboratory clinical training program at the institution mentioned below.

I agree to notify the Board of Certification promptly if the student fails to complete any of the conditions stipulated above.

(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.