

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

ASCP Customer ID #

Address

Email Address

City, State Zip Code

Last Four Digits of Applicant's Social Security #**PART II (MUST BE COMPLETED AND SIGNED BY THE PROGRAM DIRECTOR IN ORDER TO BE ACCEPTABLE)****TO BE SUBMITTED AFTER COMPLETION OF THE STRUCTURED PROGRAM:****1. PLEASE COMPLETE:**

Institution Name

City

State

MLS School Code Number

BEGINNING DATE of structured program: Month _____ Day _____ Year _____

COMPLETION DATE of structured program: Month _____ Day _____ Year _____

2. BY SIGNING THIS FORM, I AS THE PROGRAM DIRECTOR, VERIFY THAT THIS APPLICANT HAS SUCCESSFULLY COMPLETED A STRUCTURED PROGRAM IN MICROBIOLOGY UNDER THE AUSPICES OF A NAACLS ACCREDITED MEDICAL LABORATORY SCIENCE PROGRAM.

(Please Print) Program Director Name & Credential(s)

Title

Program Director Signature

Date

Telephone Number

Email Address

City, State

Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS STRUCTURED PROGRAM DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE STRUCTURED PROGRAM DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR.

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