

TECHNOLOGIST IN MOLECULAR BIOLOGY

EXPERIENCE DOCUMENTATION FORM (Routes 3 & 4)

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 IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Technologist in Molecular Biology examination. To establish this applicant's eligibility for certification, the following molecular biology laboratory** experience information is necessary:

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

Date experience **started** in molecular biology: Month _____ Day _____ Year _____

Date experience **ended** in molecular biology: Month _____ Day _____ Year _____

How many hours per week in molecular biology? _____

2. DIRECTIONS: Please review the experience of this applicant. Please place an **X** by each area in which this applicant has demonstrated proficiency under your supervision in a molecular biology laboratory**.

**** A molecular biology laboratory is defined as one capable of providing individuals with knowledge and practical experience in all aspects of molecular methods including, but not limited to, nucleic acid isolation, amplification, detection, sequencing, hybridization techniques, and data analysis.**

(NOTE: Experience is required in at least **1** of the 5 areas listed below.)

	Genetics/genomics (e.g., genotyping, gene disorders, pharmacogenomics, genome-wide analysis)
	Oncology (e.g., hematologic lymphoid neoplasms/neoplasia, solid tumor gene markers)
	Infectious disease (e.g., molecular microbiology/virology, molecular epidemiology)
	Molecular identity testing (e.g., engraftment, paternity)
	Clinical laboratory test interpretation and reporting (e.g., genetics/genomics, oncology, infectious disease, or molecular identity testing)

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

(Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(s)	Title
Immediate Supervisor or Laboratory Management* Signature	Date
Telephone Number	Email Address
Institution	Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* 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 IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

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

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