

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 EMPLOYER IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EDUCATOR EXPERIENCE FOR EXAMINATION ELIGIBILITY

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

1. PLEASE COMPLETE: EMPLOYMENT

Date **teaching** employment **started**: Month _____ Day _____ Year _____
 Date **teaching** employment **ended**: Month _____ Day _____ Year _____
 Are you employed full time _____ or part time _____ as an educator? If part time, how many hours per week? _____
 How many **hematology** courses do you teach per **school year**? _____

2. DIRECTIONS: Please review the experience of this applicant in teaching hematology.

A. Please place an **X** by each procedure that has been taught satisfactorily under your supervision by this applicant.

(NOTE: Teaching experience is required in **ALL** of the procedures listed below.)

Blood smear, evaluation and differential	Quality control: performance and evaluation
Complete blood count	Routine coagulation tests (e.g., PT, APTT, D-dimer)
Instrument methodology / troubleshooting	Other coagulation tests (e.g., fibrinogen, factor assays)
Miscellaneous tests (e.g., ESR, sickle screen, manual cell count, reticulocyte)	

B. Please place an **X** by each of the procedures the applicant has **taught**.

(NOTE: Teaching experience is required in **5** of the 12 procedures listed below.)

Advanced coagulation (e.g. inhibitor assays, hypercoagulability, mixing studies)	Cytochemical stains	Method evaluation
Body fluid evaluation	Education and training	Personnel management
Bone marrow prep or evaluation	Flow cytometry	Platelet function studies
Budgeting / inventory control / purchasing	Hemoglobinopathy evaluation	QA/QI

3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR EMPLOYER VERIFY THAT THIS APPLICANT HAS TAUGHT SATISFACTORILY IN THE HEMATOLOGY AREAS CHECKED ON THIS FORM.

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

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR EMPLOYER WITH THIS EDUCATOR EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EDUCATOR EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR EMPLOYER. See www.ascp.org/boc/us-documentation for submission instructions.