

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 Microbiology 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 **Microbiology** courses do you teach per **school year**? _____

2. DIRECTIONS: Please review the experience of this applicant in teaching Microbiology. A Specialist in Microbiology must demonstrate proficiency in teaching moderate and high complexity testing. Please place an **X** by each area in which this applicant has taught satisfactorily under your supervision using **The Guidelines for Evaluating Experience of a Candidate for Specialist in Microbiology**. (NOTE: Teaching experience is required in **4** of the 6 areas listed below.)

_____ Bacteriology	_____ Mycobacteriology
_____ Molecular Microbiology	_____ Parasitology
_____ Mycology	_____ Virology

3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR EMPLOYER VERIFY THAT THIS APPLICANT HAS TAUGHT SATISFACTORILY IN THE MICROBIOLOGY 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	
City, State	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.

GUIDELINES FOR EVALUATING EXPERIENCE OF A CANDIDATE

SPECIALIST IN MICROBIOLOGY

To qualify for certification as a Specialist in Microbiology, the applicant should be proficient in teaching **ALL** of the tests and procedures indicated in **4** of the 6 areas of experience listed below.

AREA OF EXPERIENCE	EXTENT OF EXPERIENCE
BACTERIOLOGY	• Specimen evaluation and processing • Microscopic examination of specimens • Media selection • Culture evaluation • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Antibiotic susceptibility testing • Instrument preventive maintenance and troubleshooting • Quality assurance / control • Laboratory safety • Problem solving / troubleshooting
MOLECULAR MICROBIOLOGY	• Specimen evaluation and processing • Prevention of nucleic acid contamination • Nucleic acid extraction methods (manual and automated)* • Manual and/or automated detection and identification • Quantitative molecular methods* • Molecular epidemiology* • Instrument preventative maintenance and troubleshooting • Quality assurance / control • Laboratory safety • Problem solving / troubleshooting *FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(*), PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.
MYCOLOGY	• Specimen evaluation and processing • Microscopic examination of specimens • Media selection • Culture evaluation • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Antifungal susceptibility testing* • Instrument preventive maintenance and troubleshooting • Quality assurance / control • Laboratory safety

	• Problem solving / troubleshooting *FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(*), PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.
MYCOBACTERIOLOGY	• Specimen evaluation and processing • Microscopic examination of specimens • Media selection • Culture evaluation • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Antimycobacterial susceptibility testing* • Instrument preventive maintenance and troubleshooting • Quality assurance / control • Laboratory safety • Problem solving / troubleshooting *FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(*), PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.
PARASITOLOGY	• Specimen evaluation and processing • Microscopic and macroscopic examination of specimens • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Quality assurance / control • Laboratory safety • Problem solving / troubleshooting
VIROLOGY	• Specimen evaluation and processing • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Quantitative molecular methods* • Quality assurance / control • Laboratory safety • Problem solving / troubleshooting *FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(*), PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.