

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 TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EDUCATOR EXPERIENCE FOR EXAMINATION ELIGIBILITY

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

1. PLEASE COMPLETE: EMPLOYMENT

Date **teaching** employment **started**: Month _____ Day _____ Year _____

Date **teaching** employment **ended**: Month _____ Day _____ Year _____

Indicate employment status below:

Full time _____ Part time _____ If part time, how many hours per week? _____

How many **molecular biology** courses taught per **school year**? _____

2. DIRECTIONS: Please review the experience of this applicant teaching molecular biology and place an **X** by each area that has been taught proficiently.

- A.** Teaching experience is required in at least **2** of the 5 areas listed below. *Although teaching experience is required in only two of the areas listed on this form, the exam content will cover all areas listed below, and the applicant is responsible for adequately preparing for all of them. For further information about specific exam content, please refer to the content guideline.*

	Genetics/genomics (e.g., genotyping, genetic 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, forensic)
	Clinical laboratory test interpretation and reporting (e.g., genetics/genomics, oncology, infectious disease, or molecular identity testing)

- B.** Teaching experience is required in at least **2** of the 6 areas listed below. *Although teaching experience is required in only two of the areas listed on this form, the exam content will cover all areas listed below, and the applicant is responsible for adequately preparing for all of them. For further information about specific exam content, please refer to the content guideline.*

	Test development/validation		Regulatory compliance
	Procurement of laboratory equipment		Supervisory experience
	Quality management		Education/training

NOTE: THIS DOCUMENTATION FORM CONTINUES ON PAGE 2. PLEASE COMPLETE AND SUBMIT BOTH PAGES.

SPECIALIST IN MOLECULAR BIOLOGY

EDUCATOR EXPERIENCE DOCUMENTATION FORM (Routes 4 & 5)

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