



PART I (TO BE COMPLETED BY APPLICANT)

Student's Name _____

Name of Program _____

PART II (MUST be completed and signed by Program Director in order to be acceptable.)

Please check (✓) if the applicant has completed a Diagnostic Molecular Science program that contained both **theory and practice**. _____

LENGTH OF DIAGNOSTIC MOLECULAR SCIENCE PROGRAM:
(IN MONTHS) _____ **TYPE OF DEGREE** _____

DATE OF COMPLETION: Month _____ Day _____ Year _____

This is to document that the above named student has successfully completed the current minimum academic requirements for the Board of Certification International Technologist in Molecular Biology examination as checked and listed above, and has completed or will complete the program by the examination date. I verify that the named student is enrolled in a Diagnostic Molecular Science program at the institution mentioned below and that this student will successfully complete the Diagnostic Molecular Science program prior to the examination date. I agree to notify the Board of Certification promptly if the student fails to complete any of the conditions stipulated above.

(Please Print) Program Director's Name

Title

Program Director Signature

Date

Name of Program

Program Director's Email Address

Institution

Institution Telephone Number

Institution Address

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR. TRAINING DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE.

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