

**PART I (TO BE COMPLETED BY APPLICANT)**

Applicant's Name	ASCP Customer ID #
Email Address	Address

**PART II (MUST BE COMPLETED AND SIGNED BY LABORATORY MANAGEMENT\* OR EMPLOYER TO BE ACCEPTABLE)**

**SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY**

This individual, identified above, has applied for the Board of Certification International Specialist 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? \_\_\_\_\_ (average, if necessary)

**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.*

**A.** Experience is required in at least **2** of the 5 areas listed below. *Although 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.** Experience is required in at least **2** of the 6 areas listed below. *Although 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.**



## INTERNATIONAL SPECIALIST IN MOLECULAR BIOLOGY

EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3, & 6)

**3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT\* OR EMPLOYER VERIFY THAT THIS APPLICANT IS PROFICIENT IN EACH OF THE MOLECULAR BIOLOGY AREAS CHECKED ON THIS FORM.**

\_\_\_\_\_  
(Please Print) Laboratory Management\* or Employer Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Laboratory Management\* or Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Laboratory Management\* or Employer Email Address

\_\_\_\_\_  
Institution Telephone Number

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Institution Address

**BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR LABORATORY MANAGEMENT\* OR EMPLOYER 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 LABORATORY MANAGEMENT\* OR EMPLOYER. EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE.**

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

See [www.ascp.org/boc/intl-documentation](http://www.ascp.org/boc/intl-documentation) for submission instructions.