

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	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 LABORATORY MANAGEMENT* TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Technologist in Cytogenetics examination. To establish this applicant's eligibility for certification, the following cytogenetics laboratory** experience information is necessary:

1. PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)

Date experience **started** in cytogenetics: Month _____ Day _____ Year _____

Date experience **ended** in cytogenetics: Month _____ Day _____ Year _____

How many hours per week in cytogenetics? _____

***A cytogenetics laboratory is defined as one capable of providing individuals with knowledge and practical experience in clinical cytogenetics such as primary cell culture and harvest, slide preparation and staining, chromosome analysis, microscopic and image analysis, and molecular techniques (e.g., fluorescence in situ hybridization (FISH) and microarray).*

2. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE AREA OF CYTOGENETICS.

(Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(s)	Title
Immediate Supervisor or Laboratory Management* Signature	Date
Telephone Number	Email Address
Institution	Zip Code
City, State	

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* 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 IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

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

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