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NOTE: IF YOUR TRAINING / WORK EXPERIENCE WAS COMPLETED AT MORE THAN ONE FACILITY OR UNDER MORE THAN ONE MENTOR,* PLEASE COMPLETE AND SUBMIT SEPARATE DOCUMENTATION FORMS FOR EACH ONE.

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

Address

ASCP Customer ID #

Email Address

Last Four Digits of Applicant's Social Security # (if any)

PART II (MUST BE COMPLETED AND SIGNED BY A MENTOR* TO BE ACCEPTABLE)

*A mentor is defined as a PhD or MD/DO level laboratory director who has experience in medical laboratory immunology and who can verify the technical experience of the applicant.

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Diplomate in Medical Laboratory Immunology examination. To establish this applicant's eligibility for certification, the following information is necessary:

1. **PREDOCTORAL TRAINING OR WORK EXPERIENCE FROM AN ACCEPTABLE CLINICAL LABORATORY****

    Date predoctoral experience **started** in immunology: Month _____ Day _____ Year _____

    Date predoctoral experience **ended** in immunology: Month _____ Day _____ Year _____

    How many predoctoral hours per week in immunology? _____

    **Acceptable Clinical Laboratory:
    CMS CLIA certificate of registration, compliance, accreditation; OR
    DoD CLIP certificate of registration, compliance, accreditation; OR
    JCI accreditation; OR
    Accreditation under ISO 15189; OR
    CAP; OR
    ASHI; OR
    Other laboratory accreditation approved by the DMLI Examination Committee.

2. **POSTDOCTORAL TRAINING OR WORK EXPERIENCE FROM AN ACCEPTABLE CLINICAL LABORATORY****

    Date postdoctoral experience **started** in immunology: Month _____ Day _____ Year _____

    Date postdoctoral experience **ended** in immunology: Month _____ Day _____ Year _____

    How many postdoctoral hours per week in immunology? _____

    **Acceptable Clinical Laboratory:
    CMS CLIA certificate of registration, compliance, accreditation; OR
    DoD CLIP certificate of registration, compliance, accreditation; OR
    JCI accreditation; OR
    Accreditation under ISO 15189; OR
    CAP; OR
    ASHI; OR
    Other laboratory accreditation approved by the DMLI Examination Committee.

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

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3. DIRECTIONS: Please review the experience of this applicant. A Diplomate in Medical Laboratory Immunology must demonstrate proficiency in moderate and high complexity testing in the areas listed below. Please place an **X** by each procedure that has been performed satisfactorily including pre-analytical, analytical, and post-analytical phases of testing under your supervision by this applicant.

    A. IMMUNOLOGIC TECHNIQUES. Experience is required in at least **3** of the 5 areas listed.

        _____ Cell function assays

        _____ Electrophoresis techniques

        _____ Flow cytometry

        _____ Immunoassays

        _____ Molecular techniques

    B. IMMUNODIAGNOSIS AND CLINICAL CORRELATIONS. Experience is required in at least **5** of the 7 areas listed.

_____ Allergic diseases	_____ Immunodeficiency disorders (primary and secondary)
_____ Autoimmune diseases	_____ Infectious diseases
_____ Histocompatibility/immunogenetic	_____ Inflammation
_____ and transplant immunology	_____ Tumor immunology/hematologic disorders

    C. CLINICAL LABORATORY MANAGEMENT AND OPERATIONS. Experience is required in **ALL** of the areas listed.

        _____ Laboratory administration (e.g., financial, service operations, personnel, quality management, regulatory compliance and laboratory accreditation, safety programs and practices)

        _____ Quality control and quality assurance

        _____ Test development, validation, and implementation

4. BY SIGNING THIS FORM, I AS THE MENTOR* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE IMMUNOLOGY AREAS CHECKED ON THIS FORM.

_____   _____
(Please Print) Mentor* Name & Credential(s)   Title

_____   _____
Mentor* Signature   Date

_____   _____
Telephone Number   Email Address

_____
Institution Name

_____
Institution Address

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR MENTOR* 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 MENTOR*.

*A mentor is defined as a PhD or MD/DO level laboratory director who has experience in medical laboratory immunology and who can verify the technical experience of the applicant.

U.S. applicants: see **www.ascp.org/boc/us-documentation** for submission instructions.