



TECHNOLOGIST IN HEMATOLOGY EXPERIENCE DOCUMENTATION FORM (Routes 2 & 4)

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 LABORATORY MANAGEMENT* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Technologist in Hematology examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

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

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

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

How many hours per week in Hematology? _____

2. DIRECTIONS: Please review the experience of this applicant. A technologist in hematology must demonstrate proficiency in moderate and high complexity testing.

A. Please place an **X** by each procedure that has been performed satisfactorily under your supervision by this applicant. (NOTE: Experience is required in **ALL** of the procedures listed below.)

_____ Blood smear, evaluation and differential	_____ Quality control: performance and evaluation
_____ Complete blood count	_____ Routine coagulation tests (e.g., PT, APTT, D-dimer)

B. Please place an **X** by each procedure that has been performed satisfactorily under your supervision by this applicant. (NOTE: Experience is required in **2** of the 3 areas listed below.)

_____ Instrument maintenance/ troubleshooting
_____ Miscellaneous tests (e.g., ESR, sickle screen, manual cell count, reticulocyte)
_____ Other coagulation tests (e.g., fibrinogen, factor assays, hypercoagulability)

3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE HEMATOLOGY AREAS CHECKED ON THIS FORM.

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

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.