

Only submit this documentation form if program completion is being used for all or part of the 6-month experience requirement for this eligibility route.

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	ASCP Customer ID #
Address	Email Address
City, State, Zip Code, Country	Last Four Digits of Applicant's Social Security # <i>(if any)</i>

If necessary, multiple documentation forms may be submitted to verify that the 6-month experience requirement for this eligibility route has been met. Multiple forms must be submitted if experience was obtained at different facilities or under different supervisors. (NOTE: It is the applicant's responsibility to ensure experience is documented in **ALL** areas required for eligibility.)

Will more than one documentation form be submitted for this application? Yes _____ No _____

PART II (MUST BE COMPLETED AND SIGNED BY THE PROGRAM DIRECTOR IN ORDER TO BE ACCEPTABLE)

The experience obtained from the successful completion of a biorepository science / biobanking program that included a training component may be used to satisfy all or part of the 6-month experience requirement for this eligibility route:

1. PLEASE COMPLETE:

Institution Name	Institution Address
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BEGINNING DATE OF PROGRAM: Month _____ Day _____ Year _____

COMPLETION DATE OF PROGRAM: Month _____ Day _____ Year _____

2. DIRECTIONS: Please place an **X** by each area in which this applicant has obtained training as part of their biorepository science / biobanking program. (NOTE: It is the applicant's responsibility to ensure experience is documented in at least **4** of the 9 areas listed below as required for eligibility.)

	Subject Consent		Sample/Data Quality Control
	Specimen/Data Collection		Equipment Quality Control (e.g., maintenance, validation, calibration)
	Specimen/Data De-identification		Enhanced Technical Areas (e.g., histology, tissue microarray, slide imaging, microdissection, viable cell isolation, nucleic acid/protein extraction)
	Specimen/Data Processing		
	Sample/Data Storage		
	Sample/Data Distribution		

3. BY SIGNING THIS FORM, I AS THE PROGRAM DIRECTOR, VERIFY THAT THIS APPLICANT HAS SUCCESSFULLY COMPLETED THE PROGRAM IN BIOREPOSITORY SCIENCE / BIOBANKING AS INDICATED ABOVE.

_____ (Please Print) Program Director Name & Credential(s)	_____ Title
_____ Program Director Signature	_____ Date
_____ Telephone Number	_____ Email Address
_____ City, State	_____ Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS PROGRAM COMPLETION EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE THIS DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR.

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