



**INTERNATIONAL TECHNOLOGIST IN CYTOGENETICS**  
EXPERIENCE DOCUMENTATION FORM (Routes 2 & 3)

**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 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? \_\_\_\_\_ (average, if necessary)

*\*\*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 LABORATORY MANAGEMENT\* OR EMPLOYER VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE AREA OF CYTOGENETICS.**

(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.