



INTERNATIONAL CYTOLOGIST
EXPERIENCE DOCUMENTATION FORM (Routes 2 & 4)

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 IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification International Cytologist 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 Cytology: Month _____ Day _____ Year _____
Date experience **ended** in Cytology: Month _____ Day _____ Year _____
How many hours per week in Cytology? _____ (average, if necessary)

2. DIRECTIONS: Please review the experience of this applicant. Please place an **X** next to each area to verify the applicant has performed satisfactorily in **ALL** of the following Cytology areas:

_____ Gynecological cytology
_____ Non-gynecological cytology
_____ Fine needle aspiration (FNA)
_____ Laboratory operations

3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT* OR EMPLOYER VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN EACH OF THE CYTOLOGY AREAS CHECKED ON THIS FORM.

(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.

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