

## 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 #

If necessary, multiple documentation forms may be submitted to verify that the experience requirements have been met. Multiple forms must be submitted if experience was obtained at different laboratories 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 APPLICANT'S SUPERVISOR\* WHO IS QUALIFIED TO VERIFY THE APPLICANT'S TECHNICAL EXPERIENCE)

### SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Histotechnologist 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)

NOTE: If the applicant has completed a two-part structured histotechnology program, no additional information is needed here in section 1. Please complete sections 2 and 3 of this documentation form. The applicant is also responsible for submitting the separate route 2 structured program documentation form.

Date experience **started** in Histotechnology: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date experience **ended** in Histotechnology: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (Ongoing/Current) \_\_\_\_\_

No end date:

How many hours per week in Histotechnology? \_\_\_\_\_

2. Directions: Please review the experience of this applicant. **PLEASE PLACE AN X BY EACH AREA IN WHICH THIS APPLICANT HAS PERFORMED SATISFACTORILY UNDER YOUR SUPERVISION.** To qualify for certification as a histotechnologist, the applicant should be competent to perform **ALL** the tests and procedures indicated. Competency may be demonstrated through direct observation of performance or review of results. The histotechnologist should have the equivalent knowledge and skill to those of a graduate of a NAACLS accredited Histotechnology program. (NOTE: It is the applicant's responsibility to ensure experience is documented in **ALL** areas required for eligibility.)

#### FIXATION

- Tissue Identification
- Parameters (e.g., pH, time, temperature)
- Reagents
- Selection, preparation, and use of fixatives for various applications
- Troubleshooting/problem solving of fixation artifacts

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## PROCESSING

- Selection, preparation, and use of decalcification reagents
- Selection of appropriate processing methods (e.g., routine histology, immunohistochemistry, cytology)
- Operation and maintenance of a tissue processor

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## EMBEDDING / MICROTOMY

- Tissue identification and orientation for embedding
- Operation and maintenance of an embedding center
- Microtomy (e.g., paraffin, frozen)
- Operation and maintenance of a microtome / water bath and cryostat

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## STAINING

- Selection of appropriate control material
- Reagent preparation
- Operation and maintenance of staining equipment
- Mounting and coverslipping procedures
- Identification of tissue structures and their staining characteristics
- Routine staining (i.e., H&E)
- Special staining (e.g., carbohydrates and amyloid, connective tissue, microorganisms, pigments and minerals)
- Immunohistochemistry

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## LABORATORY OPERATIONS

- Operation, preventive maintenance, and corrective action for equipment
- Troubleshooting
- Quality control
- Application of laboratory safety protocols

### 3. BY SIGNING THIS FORM, I AS THE SUPERVISOR\* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE HISTOTECHNOLOGY AREAS CHECKED ON THIS FORM.

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(Please Print) Supervisor\* Name & Credential(s)

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Title

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Supervisor\* Signature

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Date

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Telephone Number

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Email Address

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Institution

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City, State

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Zip Code

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

*\*The supervisor is defined as the person who directly oversees the applicant's technical experience, can verify the applicant's competency, and who may have titles including supervisor, laboratory manager, program director, educator, etc.)*

See [www.ascp.org/boc/us-documentation](http://www.ascp.org/boc/us-documentation) for submission instructions.