

### 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 EMPLOYER IN ORDER TO BE ACCEPTABLE)

#### SUBJECT: VERIFICATION OF EDUCATOR EXPERIENCE FOR EXAMINATION ELIGIBILITY

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

#### 1. PLEASE COMPLETE: EMPLOYMENT

Date **teaching** employment **started**: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date **teaching** employment **ended**: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you employed full time \_\_\_\_\_ or part time \_\_\_\_\_ as an educator? If part time, how many hours per week? \_\_\_\_\_

How many **Chemistry** courses do you teach per **school year**? \_\_\_\_\_

#### 2. DIRECTIONS: Please review the experience of this applicant in teaching chemistry. A specialist in chemistry must demonstrate proficiency in teaching moderate and high complexity testing.

**A.** Please place an **X** by each procedure that has been taught satisfactorily including pre-analytical, analytical and post-analytical phases of testing under your supervision by this applicant.

(NOTE: Teaching experience is required in **8** of the 15 procedures listed below.)

_____ Blood gases	_____ Enzymes	_____ Non-protein nitrogen compounds
_____ Carbohydrates	_____ Heme compounds	_____ Point-of-care
_____ Chromatography	_____ Hormones/vitamins	_____ Proteins
_____ Electrolytes	_____ Immunochemistry	_____ Therapeutic drug monitoring
_____ Electrophoresis	_____ Lipids/lipoproteins	_____ Toxicology

**B.** Please place an **X** by the areas in which in the applicant has had teaching experience.

(NOTE: Teaching experience is required in **2** of the 6 areas listed below.)

_____ Selection of laboratory equipment	_____ Regulatory compliance	_____ Test development/validation
_____ Quality control program management	_____ Supervisory experience	_____ Method verification

#### 3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR EMPLOYER VERIFY THAT THIS APPLICANT HAS TAUGHT SATISFACTORILY IN THE CHEMISTRY AREAS CHECKED ON THIS FORM.

(Please Print) Immediate Supervisor or Employer Name & Professional Credential(s)	Title
Immediate Supervisor or Employer Signature	Date
Telephone Number	Email Address
Institution	Zip Code

**BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR EMPLOYER WITH THIS EDUCATOR EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EDUCATOR EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR EMPLOYER. See [www.ascp.org/boc/us-documentation](http://www.ascp.org/boc/us-documentation) for submission instructions.**