

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 # (if any)

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 IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

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

1. PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)

Date experience **started** in Immunohistochemistry: Month _____ Day _____ Year _____

Date experience **ended** in Immunohistochemistry: Month _____ Day _____ Year _____ (Ongoing/Current) _____

No end date:

How many hours per week in Immunohistochemistry? _____

2. **DIRECTIONS:** Please review the immunohistochemistry (IHC) experience of this applicant. **PLEASE PLACE AN X BY EACH AREA IN WHICH THIS APPLICANT HAS PERFORMED SATISFACTORILY UNDER YOUR SUPERVISION.** The applicant should be competent to perform **ALL** the tests and procedures indicated. Competency may be demonstrated through direct performance, training and/or management/supervision of IHC procedures. (NOTE: It is the applicant's responsibility to ensure experience is documented in **ALL** areas required for eligibility.)

IMMUNOHISTOCHEMICAL AND/OR IMMUNOFLUORESCENCE

- Selection of proper control material
- Performance of staining technique
- Titration of immunologic reagents

QUALITY CONTROL AND ASSURANCE

- Method selection, validation, documentation
- Reagent selection, preparation, storage, disposal
- Safety
- Specimen fixation, processing, microtomy
- Interpretation of normal staining patterns
- Troubleshooting

3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE IMMUNOHISTOCHEMISTRY AREAS CHECKED ON THIS FORM.

_____ (Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(s)	_____ Title
_____ Immediate Supervisor or Laboratory Management* Signature	_____ Date
_____ Telephone Number	_____ Email Address
_____ Institution / Facility	
_____ City, State, Zip Code	_____ Country

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* 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 IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

**Management is defined as someone in a management role who can verify technical experience.*

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