

TECHNOLOGIST IN HEMATOLOGY TRAINING DOCUMENTATION FORM (Route 5)

PART I (To be completed by Applicant)

Applicant's Name	Last Four Digits	of Applicant's Social Security #
Address	E-mail Address	
	(Daytime Telepho	one Number
PART II (MUST be completed and signed	by the Program Director in o	order to be acceptable)
1. Please complete:		
INSTITUTION NAME		
SCHOOL CODE NUMBER		
Please provide date applicant comple	the NAACLS program: (Mo	nth) (Day) (Year)
2. By signing this form, I as the Pr completed a NAACLS accredite		
(Please Print) PROGRAM DIRECTOR NAME &	CERTIFICATION(S)	TITLE
PROGRAM DIRECTOR SIGNATURE		DATE
TELEPHONE NUMBER	E-MAIL ADDRESS	
CITY	STATE	ZIP CODE

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR.

BOC 10/11