ASCP BOC

ASCP
BOARD OF
CERTIFICATION

Instructions and **APPLICATION** for ASCP Board of Certification

Important:

Do not use this application if applying for the Specialist in Blood Banking [SBB], Phlebotomy Technician [PBT], or ASCP[i] (International) *examinations. Please contact the ASCP Board of Certification for the appropriate application packets for these categories. Carefully review the* ASCP Board of Certification Procedures for Examination and Certification Booklet *to ensure that you meet the eligibility requirements before you begin completing the application form. This booklet is available on the ASCP website at www.ascp.org/certification.*

The Board of Certification does not establish eligibility of any candidate from information that is supplied via e-mail, correspondence or telephone calls alone. Our office must base all decisions on a review and verification of information supplied through formal application for examination.

Detach these instructions (pages 1 & 2) from the application form.

Step 1: Examination Category and Route Number *(Required)*
[See PROCEDURE BOOKLET pages 4 – 16]

Enter the examination category you are applying for. Be sure you indicate the correct abbreviation. Choose from the following categories:

Technician Level
Donor Phlebotomy Technician [DPT]
Histotechnician [HT]
Medical Laboratory Technician [MLT]

Technologist Level
Cytotechnologist [CT]
Histotechnologist [HTL]
Medical Laboratory Scientist [MLS]
Technologist in Blood Banking [BB]
Technologist in Chemistry [C]
Technologist in Cytogenetics [CG]
Technologist in Hematology [H]
Technologist in Microbiology [M]
Technologist in Molecular Biology [MB]

Specialist Level
Pathologists' Assistant [PA]
Specialist in Chemistry [SC]
Specialist in Cytotechnology [SCT]
Specialist in Hematology [SH]
Specialist in Microbiology [SM]

Diplomate Level
Diplomate in Laboratory Management [DLM]

Review the eligibility requirements on pages 4 through 16 of the Procedure Booklet to determine the examination route under which you are applying. Indicate the route number in the space provided.

Step 2: Personal Information

Customer ID *(Required)*

If you have a record with the ASCP/Board of Certification with an eight digit Customer ID number, enter it in the space provided. If you do not have a record, go to www.ascp.org/services and follow the instruction for "create a record." You will receive an eight digit Customer ID number to enter in the space provided.

Social Security Number

Enter the last four digits of your social security number in the space provided. If you are Canadian, DO NOT include your social insurance number. Leave the space blank.

Daytime Telephone Number *(Required)*

Enter a telephone number where you can be contacted during regular business hours, including area code and extension. Indicate home, office or cell.

Last Name, First Name, Middle Initial, Maiden Name *(Required)*

Print your full name in the space provided. Your first and last names, as printed on the application form, must match your name on your valid driver's license and identification.

Email Address *(Required)*

Indicate your e-mail address in the space provided. Please print clearly.

Home Street Address, City, State, Zip Code *(Required)*

Enter your complete mailing address.

Birth Date *(Required for identification purposes)*

Print the month, day and year as shown in this example.

July 2, 1985 | 0 | 7 | 0 | 2 | 1 | 9 | 8 | 5 |

Gender *(Required)*

Indicate "F" for female and "M" for male.

Ethnicity *(Optional)*

Print one of the following numbers in the box.
1. Caucasian
2. African American
3. Asian or Pacific Islander
4. Hispanic
5. Native American
6. Other

Step 3: Are you certified by the ASCP Board of Certification in another examination category?

If so, indicate the category and your certification number as shown below:

Category | M | L | T |

Certification Number | 1 | 2 | 3 | 4 | 5 |

Category | C | | |

Certification Number | 8 | 9 | 0 | | |

Step 4: Clinical Laboratory Program Information
[See PROCEDURE BOOKLET pages 19 and 20]

Depending on the route you have chosen to establish your eligibility, a clinical training program may be a requirement. If applicable, indicate with an X the program type you have completed.

Once you have checked the appropriate box, provide all requested program information: name of institution, address, name and phone number of program director, program dates *(the date the program started and the EXACT date the program ends, not the graduation date).*

Important: Individuals applying from NAACLS (CG, DMS, MLS, MLT, HT, HTL, PA) or CAAHEP (CT) accredited programs ***MUST*** *indicate the school code number. Contact your Program Director for this information.*

Step 5: Academic Education *(Required)*
[See PROCEDURE BOOKLET page 17]

Provide information about your education. If you have not yet completed your degree, indicate when you expect to complete the degree. If you are required to submit transcripts to complete your application requirements, please be aware that only official transcripts from the Registrar's office of your institution are acceptable; photocopies cannot be accepted.

Step 6: Employment Information
[See PROCEDURE BOOKLET page 18]

If work experience is required to establish your eligibility under the route you have selected, complete this section, indicating your present employment information, your total experience, and any additional employment information. Experience documentation forms must be downloaded from the website at www.ascp.org/docforms. Forward this form to your employer(s) for verification of your experience. Completed Experience documentation forms along with a letter from your employer, on official letterhead, verifying authenticity must be submitted with your application. (Printed Experience documentation forms are available upon request.) Your application will not be processed without the Experience documentation form(s) and letter(s) of authenticity attached.

Step 7: Contact Information/Mother's Maiden Name *(Required)*

The Board of Certification will be mailing you time-sensitive documents; it is imperative that we are able to contact you at all times. Please indicate two individuals who are likely to know your current address and phone number at all times. Indicate your mother's maiden name in the space provided.

Step 8: Review Application

Review the information you have provided in each section of the application. Is it accurate and complete? If the application is complete, read the pledge on the back of the application form and sign and date the application. Unsigned applications will be returned to you. Faxed applications are not acceptable.

Step 9: Payment Information
[See PROCEDURE BOOKLET page 3]

Enclose a check/money order. Please DO NOT fax the application form. Faxed applications are not acceptable.

Have you included the appropriate examination fee?

An application fee must be included with your application form. All fees must be submitted by check or money order in U.S. currency **(DO NOT SEND CASH)**. Make checks payable to "Board of Certification." The ASCP Board of Certification will not accept post-dated checks. **Application fees are non-refundable.**

Your application will be returned to you if it is not accompanied by a fee. Purchase Orders or Vouchers will not be accepted for application fees. A check or money order must accompany the application form. **Faxed applications will not be accepted.**

$135 – DPT

$200 – HT, MLT

$225 – All Technologist Level Exams

$275 – All Specialist Level Exams

$390 – Diplomate Level

$515 – Pathologists' Assistant

Mailing Addresses

Applications and application fees **MUST** be mailed using the **UNITED STATES POSTAL SERVICE REGULAR MAIL ONLY. DO NOT** send applications and fees by Fax, Federal Express, UPS, Express Mail, Certified or Registered Mail or any overnight courier service or any other express mail service. **Applications and application fees using express mail service WILL NOT reach the BOC office.**

Application/Fee with documentation (UNITED STATES POSTAL SERVICE REGULAR MAIL ONLY):

Board of Certification
3335 Eagle Way
Chicago, IL 60678-1033

You may also apply online with a Credit Card.

For Multiple Application Fees:
If multiple applications are being sent with one check, DO NOT use the above address. Contact www.ascp.org/bocfeedback for mailing instructions.

General Correspondence and Transcripts WITHOUT checks, money order:

ASCP Board of Certification
33 W. Monroe Street, Suite 1600
Chicago, IL 60603

Should you have questions, or if any of the information on the completed application form changes, please contact the ASCP Board of Certification office at 312-541-4999, or online at www.ascp.org/bocfeedback.

The information contained in this application form is subject to change without notice.

ASCP BOC

ASCP BOARD OF CERTIFICATION

APPLICATION for ASCP Board of Certification

Application fees are non-refundable. Be sure you meet the eligibility requirements as stated and are able to provide the appropriate documentation **before** submitting your application form and fee.

Step 1: Indicate Examination Category and Route

C E R T Exam Category ☐☐☐ Route ☐

Have you applied previously for this exam category?

If YES, indicate: Mo/Yr ☐☐ / ☐☐

☐ Check/Money Order

Amount Submitted $ _____

Mailing Addresses

Applications and application fees **MUST** be mailed using the **UNITED STATES POSTAL SERVICE REGULAR MAIL ONLY. DO NOT** send applications and fees by Fax, Federal Express, UPS, Express Mail, Certified or Registered Mail or any overnight courier service or any other express mail service. **Applications and application fees using express mail service WILL NOT reach the BOC office.**

Application/Fee with documentation (UNITED STATES POSTAL SERVICE REGULAR MAIL ONLY): **Board of Certification,** 3335 Eagle Way, Chicago, IL 60678-1033

You may also apply online with a Credit Card.

For Multiple Application Fees:
If multiple applications are being sent with one check, DO NOT use the above address. Contact www.ascp.org/bocfeedback for mailing instructions.

General Correspondence and Transcripts WITHOUT checks or money order: ASCP **Board of Certification**, 33 W. Monroe Street, Suite 1600, Chicago, IL 60603

Step 2: Personal Information *(Fill out completely. Print plainly in **black** ink.)*

Birth Date (Required for identification purposes) ☐☐☐☐☐☐☐☐ (mm/dd/yyyy)

Customer ID (Required) ☐☐☐☐☐☐☐☐

Daytime Phone Number (Required) ☐☐☐ – ☐☐☐ – ☐☐☐☐

Last 4 digits of U.S. Social Security Number ☐☐☐☐

☐ Home ☐ Office ☐ Cell

Last Name (as it appears on your identification)

First Name (as it appears on your identification)

Middle Initial

Maiden Name (if applicable)

Email Address (Required)

Home Address

City

State

Zip Code –

Country (if foreign)

Gender (Required) ☐ F – Female ☐ M – Male

Ethnicity ☐ (See Instructions)

Step 3: Prior ASCP Certification *(if applicable)*

Category ☐☐☐ Certification Number ☐☐☐☐☐☐

Step 4: Accredited Program Information *(Skip this step if you are applying based on work experience.)*

◯ NAACLS (CG, DMS, MLS, MLT, HT, HTL, PA) School Code ☐☐☐☐☐☐ ◯ Structured Program (BB, C, H, M)

◯ CAAHEP (CT) School Code ☐☐☐☐☐☐ ◯ Advanced Military Program (MLT)

Date Program Began ☐☐ / ☐☐ / ☐☐☐☐

Date Program Ends or Ended (Not graduation date) ☐☐ / ☐☐ / ☐☐☐☐

Name of Institution | Name of Program Director | Telephone Number with Area Code

Street Address | City | State | Zip

CONTINUED ON PAGE 4

Step 5: Academic Education *(Required)*

Indicate month and year your education was completed (X).

◯ Associate/60 semester hours/90 quarter hours ☐☐ / ☐☐ ◯ MA/MS ☐☐ / ☐☐

◯ BA/BS ☐☐ / ☐☐ ◯ PhD ☐☐ / ☐☐

Name of Institution Attended | City and State or Country | Degree Completed & Date of Degree

Applicants with foreign education: A transcript evaluation form from one of the agencies listed in the Procedures Booklet is required.

Step 6: Employment Information *(if applicable)*

Present Employer | Job Title | Date Started

Address | City and State | Zip Code

Immediate Supervisor's Name

Total Employment Experience Years ☐☐ Months ☐☐

Only experience in the U.S., Canada or an accredited laboratory [laboratory accredited by a CMS approved accreditation organization (i.e., AABB, CAP, COLA, DNV, The Joint Commission, etc.)] is acceptable.

Briefly describe your duties

List additional positions held and dates of employment, giving name of laboratory, supervisor, city, state and telephone number

Step 7: Contact Information and Mother's Maiden Name *(Required)*

List below two individuals who are likely to know your address at all times. Mother's Maiden Name _____

Name | Address | City and State | Zip Code | Telephone Number

Name | Address | City and State | Zip Code | Telephone Number

Step 8: Pledge *(Required)*

By submitting and signing this application, I acknowledge that this application will be reviewed and processed, and that the examination will be conducted in accordance with the rules and policies adopted by the Board of Certification. I agree to hold harmless the members, examiners, officers and agents of the Board of Certification from any and all actions that they may take, or refrain from taking, pursuant to such rules and policies.

I certify that all information contained in this application, as well as any information that I submit in support of this application, is true and correct to the best of my knowledge and belief. I authorize representatives of the Board of Certification to verify the accuracy of any information contained in, or supplied in support of, this application from any person or persons having knowledge of such information. I recognize that admission to take the certification examination, and certification if granted, are based on the correctness of the information contained in, and supplied in support of, this application.

I further recognize that admission to take the certification examination and any certification I may have or be granted, may be revoked at any time, and that I may be barred from admission to take further certification examinations, if it is established that the information contained in, or supplied in support of, this application is inaccurate in any material respect, if I engage in any inappropriate conduct during the examination (such as giving or obtaining unauthorized information or aid), or if it is determined that I have misrepresented or misused any certification I may have or be granted.

I understand that this examination and all test questions are the exclusive property of the Board of Certification and are protected by copyright law. Because of the confidential and proprietary nature of these copyright materials, I agree not to retain, copy, disclose or reveal any part of these examination materials, unless previously authorized in writing by the Board of Certification.

I understand that the certificate of certification is time-limited for three years and that it must be renewed every three years for my certification to remain valid.

I understand and agree that I will not use ASCP certification designation or CM (in superscript) after my name if I do not maintain a valid certification.

Applicant's Signature *(Required)* | Date