

6. EMPLOYMENT

Reference forms to be completed by your employer(s) should be downloaded from our web site at:
www.ascp.org/pdf/ReferenceFormQCYM.aspx.

Present Employer _____

Address _____ City and State _____ Zip _____

Name of Supervising Physician or Medical Scientist _____

In what capacity do you serve? _____

Briefly describe your duties _____

7. ADDITIONAL INFORMATION (List positions held and dates of employment, giving name of laboratory, director and complete address.)

8. Please list below the names and addresses of two people who are likely to know your address at all times. Preferably give names of permanently located relatives or friends; people through whom we can trace you, if necessary.

1.	_____	_____	_____	_____
	Name	Address	City and State	Zip
2.	_____	_____	_____	_____
	Name	Address	City and State	Zip

Mother's Maiden Name _____

By submitting and signing this application, I acknowledge that this application will be reviewed and processed, and that an evaluation 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 this qualification, if granted, is based on the correctness of the information contained in, and supplied in support of, this application.

I further recognize that admission to take the qualification examination and any qualification I may have or be granted, may be revoked at any time, and that I may be barred from admission to take future qualification 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 qualification 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, or disclose or reveal any part of these examination materials, unless previously authorized in writing by the Board of Certification.

Applicant's Signature Date

QUALIFICATION ROUTES

ROUTE

1. ASCP certified as a technologist (HTL, MT, CT, BB, C, H, I or M) or specialist certified (SBB, SC, SCT, SH, SI, SM or SV) and six (6) months full time acceptable experience in Cytometry within the last five years OR
2. ASCP technician certification (HT, MLT) AND twelve (12) months full time acceptable experience in Cytometry within the last five years, OR
3. Baccalaureate degree or higher from a regionally accredited college/university, AND eighteen (18) months full time acceptable experience in Cytometry within the last five years.

NOTE: All experience must be completed in the United States or Canada.

Applicants must have experience in the following areas.

- A. Immunophenotyping in at least two of the following applications:
 - immunodeficiencies (i.e. CD4, HIV)
 - immunoproliferative disorders (non-neoplastic and neoplastic conditions)
 - transplant
 - DNA Ploidy Analysis
 - Red Blood Cell Analysis (i.e. PNH, fetal hemoglobin)
 - Progenitor cells
 - other applications; please specify: _____
- B. Cytometry Analysis: All of the following should have been performed by the applicant:
 - specimen processing
 - instrument set-up
 - specimen analysis
 - data management
 - interpretation of results
- C. Quality Assurance: All of the following should have been performed by the applicant:
 - specimen collection, processing, storage
 - reagent selection, preparation, storage, disposal
 - assay selection, validation, documentation
 - instrument operation and maintenance
 - quality control and proficiency testing
 - safety

GUIDELINES FOR CYTOMETRY QUALIFICATION

Competency in Cytometry must be demonstrated through completion of an online examination. The purpose of this qualification is to assess the competency of examinees in the technical application of clinically relevant Cytometry techniques. Assessment of the examinee will be based on successful completion of the online examination. This examination consists of a 50-item multiple choice timed test (90 minutes in length), that the candidate must complete within a 60 day period from the date the candidate receives a voucher/password for testing. The test is taken online at the date and time of the candidate's choice on their own computer. Detailed information will be provided when examination eligibility is determined.

Qualification Time, Limits and Revalidation

Candidates who complete the qualification process in Cytometry, including completion of the eligibility requirements and successful completion of an online examination, will receive documentation of their qualification in Cytometry which is valid for five years.

This Qualification may be revalidated every five years upon payment of a fee (currently \$50) and completion of 10 contact hours of acceptable continuing education/other activities related to Cytometry.

This Qualification will not, in itself, entitle the individual to membership in ASCP. Individuals must be ASCP certified as technician, technologist or specialist to be eligible for membership.

IMPORTANT INSTRUCTIONS FOR COMPLETING APPLICATION FORM

NOTE: The Board of Certification does not establish eligibility of any candidate from information that is supplied through correspondence alone. Our office must base all decisions on a review and verification of information supplied through formal application.

1. To prevent delay in processing your application, carefully and completely fill in all information blanks that apply to you. If the requested information does not apply to you, enter N/A (not applicable) where appropriate.
2. Be sure to indicate your correct social security number in the space provided. This number will be used as identification throughout the application process. If you do not have a U.S. Social Security Number, do not fill in the space. An identification number will be assigned to you.
3. Please be sure to sign the application form on Page 2.
4. Include with your application a check or money order for \$200.00 payable to "**Board of Certification**" (DO NOT SEND CASH) or complete the credit card information in the space provided. All fees must be submitted in U.S. currency. Your application will be returned to you if it is not accompanied by a fee or credit card information.
5. Fees paid by Employers/Institutions - 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. Check or credit card information must accompany the application form.
6. When you have completed the application form, mail the application and appropriate fee OR credit card information to: **American Society for Clinical Pathology, 3462 Eagle Way, Chicago, Illinois 60678.**
7. This application will remain valid for a period of three years from the date of submission. When reapplying a full fee should be submitted.

After three years it will be necessary for you to submit a new application form with the full fee. You must also meet current requirements for eligibility in this category.

APPLICATION PROCEDURES

Verification of Clinical Laboratory Experience

Reference forms must be downloaded and printed from the ASCP website at:

www.ascp.org/pdf/ReferenceFormQCYM.aspx under cytometry. The reference forms must be completed by your employer and attached to a letter signed by your employer verifying the authenticity of the form. This letter must be printed on original letterhead and state that the reference form was completed by the employer, with the date and signature. Reference forms will be audited to verify authenticity.

Include the reference form and letter with your application and fee.

Full and Part-Time Experience Defined

Full time experience is defined as a minimum of thirty-five (35) hours per week. Individuals who have part-time experience may be permitted to utilize prorated part-time experience to meet the work experience requirements. Please contact the Board of Certification office for specific information regarding the acceptability of part-time experience prior to applying. The number of months experience required must be completed within the last five years, calculated from the date of application.

Cytometry Online Examination

When you have been determined for examination, information regarding the online examination will be mailed to you. This examination consists of **50** multiple choice questions that you answer online within a **90 minute** time frame, at the date and time of your choice, on your own computer, within a **60 day time period**.

MAILING ADDRESSES

GENERAL CORRESPONDENCE/TRANSCRIPTS:

ASCP Board of Certification
33 W. Monroe St, Suite 1600
Chicago, IL 60603-5300

APPLICATIONS/FEES:

American Society for Clinical Pathology
3462 Eagle Way
Chicago, IL 60678

GENERAL INFORMATION

(312) 541-4956