

Apply for Certification:

Step 1 - Go to ASCP homepage www.ascp.org and login from the right side of page. After a successful login you will see a welcome message in red with your name. (*You must have a user account to apply for certification; if not create a user account*)

Step 2 - Find 'Apply for certification" located on right side homepage and click on text.

Step 3 - Select the appropriate certification and route you are apply for; and click the "Continue" icon.

Apply for ASCP Board of Registry Certification Examination

You may only apply for one category or exam in a three month period. Please select one:

U.S. Certification (or U.S Certification and State Licensure Combined)
 International Examination
 State Licensure Examinations Only

* indicates a required field

Select the certification examination*

Select route you are applying for* [Help me decide](#)

I have carefully and completely reviewed the [Procedures for Examination and Certification](#) along with the eligibility requirements for the certification category I have chosen to ensure that I have met all the requirements as specified. I understand that application fees are non-refundable (you must agree to this statement before continuing).

Step 4 - The 'Customer Contact Information' screen is displayed. **All fields with an asterisk must be completed**; then click the continue icon when done.

Customer Contact Information

Note: If you are trying to update your name, please follow our [instructions for changing your legal name](#) in our records.

* Indicates required information

Primary Email: *

Alternate Email:

Home Address

Check to make this your primary contact information

Address ID: 1014154

Country of Residence: *

Street Address: *

City: *

State/Province: *

ZIP/Postal Code: *

Telephone:

Cell:

Business Address (If applicable)

Check to make this your primary contact information

Address ID: 976788

Country: *

Company Name: *

Dept/Bldg/ Rm/Suite:

Street Address: *

City: *

State/Province: *

Zip/Postal Code: *

Telephone: Ext.

Fax:

Company Web Address:

Step 5 - You see the 'Demographic Information' displayed. Provide only information denoted with an asterisk; then click the continue icon when done.

Step 6 - Next, you will see the 'Accredited Program Information' page. **All information on this page must be completed or processing of your application will be delayed.** Click the ['Institution Lookup'](#) link to add your institution name; click 'Continue' icon when done.

Accredited Program Information

BOR Application for U.S. Certification

Important: If accredited program information is required for the route under which you are applying, you must complete this section. If this section is not completed, processing of your application will be delayed.

I am applying based on work experience and wish to skip this step.

I am applying under an accredited program.

Please select the type of program that satisfies your eligibility route:

Accredited Program

Phlebotomy Training Program

Institution Information and Program Dates:

* indicates required field

Institution Name: * [Institution Lookup](#)

Institution Street Address: *

Program Begin Date: *

Program Completion Date: *

Program Director Information:

Program Director Name: *

Program Director Telephone:

Program Director Email:

Step 7 - Select only your Country and State; then click 'Submit' icon to find your institution. Afterwards, click on School Code associated with your institution.

Step 8 - Next, you will see the 'Education History (Certification) page; click the 'Add Education' icon to add education or 'Continue' icon if acceptable.

Step 9 - Next, the 'Legal Statement' will be displayed. Please provide the contact information of two individuals likely to know your address at all times and check the agree box to accept terms of the certification application. *Fields with an asterisk must be completed.* Click the 'Checkout' icon when you are done.

BDR Application for U.S. Certification

Please read and agree to the terms before you continue and pay your application fee.

I declare that I have examined this application, and that to the best of my knowledge and belief it is true, correct and complete. By submitting and typing my name on 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 ASCP Board of Registry. I agree to hold harmless the members, examiners, officers and agents of the ASCP Board of Registry 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 ASCP Board of Registry 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

I Agree (required to print form and checkout)

The ASCP Board of Registry will be sending you time-sensitive documents. In the event that we are not able to reach you with the contact information in our records, please list two individuals who will know how to reach you at all times:

Primary Alternative Contact:

Contact Name*:

Contact Email:

Phone Number*:
(with the area code)

Secondary Alternative Contact:

Contact Name*:

Contact Email:

Phone Number*:
(with the area code)

Pay by*:

Mail Online

Step 10 - Finally, your "Shopping Cart" screen will be displayed; click the checkout icon. You will see the details of your order and payment information located at the bottom of page.

Shopping Cart

Code	Title	Rate	Unit Amount	Qty	Sub-Total
EXAMTC	BDR Exam Technologist	LIST	\$200.00	<input type="text" value="1"/>	\$200.00



Promo Code:

Please note that discounts, if any, will appear during the Checkout process.

Step 11 - Provide required payment information and click "Place my Order" to complete your purchase.

Shopping Cart E

Code	Title	Rate	Unit Amount	Unit Discount	OrderQty	Sub-Total
EXAMMT	BDR Exam Medical Technologist	LIST	\$200.00	\$0.00	1	\$200.00

Advanced Shipping Options

Bill To	Ship To
Educator (academic) Judge Bailey 549 W Roscoe Chicago, IL 60647	Educator (academic) Judge Bailey 549 W Roscoe Chicago, IL 60647

Please review your order, select shipping and payment options below.

Shipping Information

<input checked="" type="radio"/> USPS Priority Mail Flat Domestic (PO/APO)	\$0.00
<input type="radio"/> UPS ground commercial	\$0.00
<input type="radio"/> UPS ground residential	\$0.00
Shipping: \$0.00	

Sales Tax:	\$0.00
Grand Total:	\$200.00

Order Instructions:

Payment Information

Card Type:	(Select Card)
Card Number:	<input type="text"/>
Card Verification Number:	<div style="border: 1px solid gray; padding: 5px; width: fit-content;"> card verification number </div> <input type="text"/>
Expiration:	(Month) <input type="text"/> (Year) <input type="text"/>
Name on Card:	Judge Bailey

[Place my Order](#)

If you experience any problems contact ASCP Customer Services at 1-800-267-2727, option 3 or

got a question?
chat live now