



INTERNATIONAL GYNECOLOGIC CYTOLOGIST
EXPERIENCE DOCUMENTATION FORM (Route 2)

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	ASCP Customer ID #
Email Address	Address

PART II (MUST BE COMPLETED AND SIGNED BY LABORATORY MANAGEMENT* OR EMPLOYER IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification International Gynecologic Cytologist examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

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

Date experience **started** in Gynecologic Cytology: Month _____ Day _____ Year _____
 Date experience **ended** in Gynecologic Cytology: Month _____ Day _____ Year _____
 How many hours per week in Gynecologic Cytology? _____ (average, if necessary)

2. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT* OR EMPLOYER VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE AREA OF GYNECOLOGIC CYTOLOGY.

(Please Print) Laboratory Management* or Employer Name	Title
Laboratory Management* or Employer Signature	Date
Laboratory Management* or Employer Email Address	Institution Telephone Number
Institution	
Institution Address	

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR LABORATORY MANAGEMENT* OR EMPLOYER 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 LABORATORY MANAGEMENT* OR EMPLOYER. EXPERIENCE DOCUMENTATION FORMS RECEIVED WITHOUT LETTERS OF AUTHENTICITY ARE UNACCEPTABLE.

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

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