

**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 TO BE ACCEPTABLE)**

**SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY**

This individual, identified above, has applied for the Board of Certification International Technologist in Molecular Biology examination. To establish this applicant's eligibility for certification, the following molecular biology laboratory\*\* experience information is necessary:

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

Date experience **started** in molecular biology:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Date experience **ended** in molecular biology:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 How many hours per week in molecular biology? \_\_\_\_\_ (average, if necessary)

**2. DIRECTIONS:** Please review the experience of this applicant. Please place an **X** by each area in which this applicant has demonstrated proficiency under your supervision in a molecular biology laboratory\*\*.

*\*\* A molecular biology laboratory is defined as one capable of providing individuals with knowledge and practical experience in all aspects of molecular methods including, but not limited to, nucleic acid isolation, amplification, detection, sequencing, hybridization techniques, and data analysis.*

(NOTE: Experience is required in at least 1 of the 5 areas listed below.)

	Genetics/genomics (e.g., genotyping, gene disorders, pharmacogenomics, genome-wide analysis)
	Oncology (e.g., hematologic lymphoid neoplasms/neoplasia, solid tumor gene markers)
	Infectious disease (e.g., molecular microbiology/virology, molecular epidemiology)
	Molecular identity testing (e.g., engraftment, paternity)
	Clinical laboratory test interpretation and reporting (e.g., genetics/genomics, oncology, infectious disease, or molecular identity testing)

**3. BY SIGNING THIS FORM, I AS LABORATORY MANAGEMENT\* OR EMPLOYER VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE MOLECULAR BIOLOGY AREAS CHECKED ON THIS FORM.**

(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](http://www.ascp.org/boc/intl-documentation) for submission instructions.