

**NOTE: IF YOUR TRAINING / WORK EXPERIENCE WAS COMPLETED AT MORE THAN ONE FACILITY OR UNDER MORE THAN ONE MENTOR, \* PLEASE COMPLETE AND SUBMIT SEPARATE DOCUMENTATION FORMS FOR EACH ONE.**

### PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	ASCP Customer ID #
Address	Email Address
	Last Four Digits of Applicant's Social Security # (if any)

### PART II (MUST BE COMPLETED AND SIGNED BY A MENTOR\* TO BE ACCEPTABLE)

**\*A mentor is defined as a PhD or MD/DO level laboratory director who has experience in medical laboratory immunology and who can verify the technical experience of the applicant.**

#### SUBJECT: VERIFICATION OF POSTDOCTORAL EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Diplomate in Medical Laboratory Immunology examination. To establish this applicant's eligibility for certification, the following information is necessary:

#### 1. POSTDOCTORAL TRAINING OR WORK EXPERIENCE FROM AN ACCEPTABLE CLINICAL LABORATORY\*\*

Date postdoctoral experience **started** in immunology: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date postdoctoral experience **ended** in immunology: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many postdoctoral hours per week in immunology? \_\_\_\_\_

**\*\*Acceptable Clinical Laboratory:**

CMS CLIA certificate of registration, compliance, [accreditation](#); OR

DoD CLIP certificate of registration, compliance, accreditation; OR

JCI accreditation; OR

Accreditation under ISO 15189; OR

CAP; OR

ASHI; OR

Other laboratory accreditation approved by the DMLI Examination Committee.

**2. DIRECTIONS:** Please review the postdoctoral experience of this applicant. A Diplomate in Medical Laboratory Immunology must demonstrate proficiency in moderate and high complexity testing in the areas listed below. Please place an **X** by each procedure that has been performed satisfactorily including pre-analytical, analytical, and post-analytical phases of testing under your supervision by this applicant.

**A. IMMUNOLOGIC TECHNIQUES.** Experience is required in at least **3** of the 5 areas listed.

- \_\_\_\_\_ Cell function assays
- \_\_\_\_\_ Electrophoresis techniques
- \_\_\_\_\_ Flow cytometry
- \_\_\_\_\_ Immunoassays
- \_\_\_\_\_ Molecular techniques

**NOTE: THIS DOCUMENTATION FORM CONTINUES ON PAGE 2. PLEASE COMPLETE AND SUBMIT BOTH PAGES.**

**B. IMMUNODIAGNOSIS AND CLINICAL CORRELATIONS.** Experience is required in at least 5 of the 7 areas listed.

- |   |  |
|---|--|
| _____ Allergic diseases   | _____ Immunodeficiency disorders (primary and secondary) |
| _____ Autoimmune diseases   | _____ Infectious diseases                                |
| _____ Histocompatibility/immunogenetic<br>and transplant immunology | _____ Inflammation                                       |
|   | _____ Tumor immunology/hematologic disorders             |

**C. CLINICAL LABORATORY MANAGEMENT AND OPERATIONS.** Experience is required in ALL of the areas listed.

- Laboratory administration (e.g., financial, service operations, personnel, quality management,  
\_\_\_\_\_ regulatory compliance and laboratory accreditation, safety programs and practices)
- \_\_\_\_\_ Quality control and quality assurance
- \_\_\_\_\_ Test development, validation, and implementation

**3. BY SIGNING THIS FORM, I AS THE MENTOR\* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE IMMUNOLOGY AREAS CHECKED ON THIS FORM.**

(Please Print) Mentor* Name & Credential(s)	Title
Mentor* Signature	Date
Telephone Number	Email Address
Institution Name	
Institution Address	

**BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR MENTOR\* 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 MENTOR\*.**

*\*A mentor is defined as a PhD or MD/DO level laboratory director who has experience in medical laboratory immunology and who can verify the technical experience of the applicant.*

U.S. applicants: see [www.ascp.org/boc/us-documentation](http://www.ascp.org/boc/us-documentation) for submission instructions.