

### 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 THE PROGRAM DIRECTOR TO BE ACCEPTABLE)

#### 1. PLEASE COMPLETE:

Institution Name \_\_\_\_\_

Date Applicant Completed the CPEP Program:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

#### 2. BY SIGNING THIS FORM, I AS THE PROGRAM DIRECTOR VERIFY THAT THIS APPLICANT HAS SUCCESSFULLY COMPLETED A CPEP ACCREDITED EDUCATIONAL PROGRAM IN MEDICAL LABORATORY IMMUNOLOGY.

(Please Print) Program Director Name & Credential(s)	Title
Program Director Signature	Date
Name of Program	Email Address
Institution Address	Telephone number

**BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR.**

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