MEDICAL LABORATORY ASSISTANT
STRUCTURED PROGRAM DOCUMENTATION FORM (Route 6)

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

ASCP Customer ID #

Address

Email Address

City, State, Zip Code

Last Four Digits of Applicant's Social Security #

PART II (MUST BE COMPLETED AND SIGNED BY THE PROGRAM DIRECTOR IN ORDER TO BE ACCEPTABLE)

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

1. **PLEASE COMPLETE:**

   A. **CLASSROOM INSTRUCTION**

   Classroom training site:

   Date classroom training **started**: Month _____ Day _____ Year _____

   Date classroom training **ended**: Month _____ Day _____ Year _____

   How many clock hours of classroom training? _____

   B. **CLINICAL INSTRUCTION**

   Clinical training site at an approved, accredited laboratory*:

   Date clinical training **started**: Month _____ Day _____ Year _____

   Date clinical training **ended**: Month _____ Day _____ Year _____

   How many hours of clinical training? _____

*CMS CLIA certificate of registration, compliance, accreditation; OR JCI accreditation; OR Accreditation under ISO 15189.

2. **BY SIGNING THIS FORM I, AS THE PROGRAM DIRECTOR OF THE MEDICAL LABORATORY ASSISTANT TRAINING PROGRAM, VERIFY THAT THIS APPLICANT HAS SATISFACTORILY COMPLETED THE TWO-PART STRUCTURED MEDICAL LABORATORY ASSISTANT TRAINING PROGRAM.**

(Please Print) Program Director Name & Credential(s)

Title

Program Director Signature

Date

Telephone Number

Email Address

Institution

6-digit school code (if applicable)

City, State

Zip Code

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** for submission instructions.