ASCP BOC
ASCP BOARD OF CERTIFICATION ®

QUALIFICATION IN DONOR PHLEBOTOMY
EXPERIENCE DOCUMENTATION FORM (Routes 1 & 2)

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 IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Qualification in Donor Phlebotomy examination. In order to establish this applicant's eligibility, the following information is necessary:

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

    Date donor phlebotomy experience **started**: Month _____ Day _____ Year _____

    Date donor phlebotomy experience **ended**: Month _____ Day _____ Year _____

2. **DIRECTIONS:** Please review the experience of this applicant. Please place an **X** by the donor phlebotomy area listed below in which this applicant has demonstrated proficiency under your supervision.

    _____ 50 successful donor collections

3. **BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE DONOR PHLEBOTOMY AREA CHECKED ON THIS FORM.**

(Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(s)	Title
Immediate Supervisor or Laboratory Management* Signature	Date
Telephone Number	Email Address
Institution	
City, State	Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* 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 IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

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

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