



# MEDICAL LABORATORY ASSISTANT EXPERIENCE DOCUMENTATION FORM (Routes 3, 4, 5, & 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 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 Medical Laboratory Assistant examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

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

Date experience **started** as a medical laboratory assistant:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date experience **ended** as a medical laboratory assistant:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week as a medical laboratory assistant? \_\_\_\_\_

**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 by using **The Guidelines for Evaluating Experience of a Candidate for Medical Laboratory Assistant**. (NOTE: It is the applicant's responsibility to ensure experience is documented in all **THREE** areas as required for eligibility.)

\_\_\_\_\_ Specimen preparation and processing

\_\_\_\_\_ Support for clinical testing

\_\_\_\_\_ Laboratory operations

#### 3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT\* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY AS A MEDICAL LABORATORY ASSISTANT.

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

### GUIDELINES FOR EVALUATING EXPERIENCE OF A CANDIDATE

#### MEDICAL LABORATORY ASSISTANT

To qualify for certification as a medical laboratory assistant, the applicant should be competent to perform **ALL** of the tests and procedures indicated. The medical laboratory assistant should have the equivalent knowledge and skill to those of a graduate of a NAACLS-approved clinical assistant program. *For further information about specific Medical Laboratory Assistant examination content, please refer to the content guideline.*

| AREA OF EXPERIENCE                         | EXTENT OF EXPERIENCE   |
|--|--|
| <b>SPECIMEN PREPARATION AND PROCESSING</b> | <ul style="list-style-type: none"> <li>• Assessment of specimen acceptability for testing (specimen rejection criteria and add-on requests)</li> <li>• Specimen prioritization, distribution, and transport (e.g., correct laboratory department for test/sample, pneumatic tube system considerations*, and packaging/shipment to external facilities*)</li> <li>• Specimen processing (e.g., centrifugation, aliquoting, microbiology culture setup and plating*, slide preparation*)</li> <li>• Specimen storage (pre- and post-testing)</li> <li>• Special handling considerations (time, temperature, and light)</li> </ul> <p><b><i>*Competency for the tasks indicated by an asterisk may be demonstrated through knowledge, performance, observation, or simulation.</i></b></p> |
| <b>SUPPORT FOR CLINICAL TESTING</b>        | <ul style="list-style-type: none"> <li>• Reagents, standards, and controls (preparation, storage, integrity assessment, and documentation)*</li> <li>• Analytical instrumentation (loading specimens, test initiation, error recognition and reporting)*</li> <li>• Quality control (performance and evaluation)*</li> <li>• Critical value notification and documentation*</li> <li>• Result retrieval</li> <li>• Result review*</li> <li>• Inventory management (e.g., order/receive/restock reagents, gloves, tubes, and other related supplies)</li> </ul> <p><b><i>*Competency for the tasks indicated by an asterisk may be demonstrated through knowledge, performance, observation, or simulation.</i></b></p>   |
| <b>LABORATORY OPERATIONS</b>               | <ul style="list-style-type: none"> <li>• Laboratory regulations (e.g., OSHA, TJC, CLSI, CDC, COLA)</li> <li>• Laboratory safety and infection control</li> <li>• Waste disposal</li> <li>• Laboratory equipment maintenance (e.g., pipettes, centrifuges, microscopes, refrigerators, incubators)</li> <li>• Professionalism and ethics (patient confidentiality and customer support/service)</li> <li>• Laboratory information system (LIS) functions (e.g., data entry, specimen accessioning, label generation, specimen tracking)</li> </ul>  |