ASCP BOARD OF CERTIFICATION

SPECIALIST IN MICROBIOLOGY

EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3 & 4)

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 Specialist in Microbiology 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** in Microbiology: Month _____ Day _____ Year _____

Date experience **ended** in Microbiology: Month _____ Day _____ Year _____

How many hours per week in Microbiology? _____

2. DIRECTIONS: Please review the experience of this applicant. A Specialist in Microbiology must demonstrate proficiency in moderate and high complexity testing. 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 Specialist in Microbiology**. (NOTE: It is the applicant's responsibility to ensure experience is documented in **4** of the 6 areas listed below.)

_____ Bacteriology	_____ Mycobacteriology
_____ Molecular Microbiology	_____ Parasitology
_____ Mycology	_____ Virology

3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE MICROBIOLOGY AREAS 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/us-documentation for submission instructions.

GUIDELINES FOR EVALUATING EXPERIENCE OF A CANDIDATE

SPECIALIST IN MICROBIOLOGY

To qualify for certification as a Specialist in Microbiology, the applicant should be proficient in **ALL** of the tests and procedures indicated in **4** of the 6 areas of experience listed below.

AREA OF EXPERIENCE	EXTENT OF EXPERIENCE
BACTERIOLOGY	• Specimen evaluation and processing • Microscopic examination of specimens • Media selection • Culture evaluation • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Antibiotic susceptibility testing • Instrument preventive maintenance and troubleshooting • Quality assurance / control • Laboratory safety • Problem solving / troubleshooting
MOLECULAR MICROBIOLOGY	• Specimen evaluation and processing • Prevention of nucleic acid contamination • Nucleic acid extraction methods (manual and automated)* • Manual and/or automated detection and identification • Quantitative molecular methods* • Molecular epidemiology* • Instrument preventative maintenance and troubleshooting • Quality assurance / control • Laboratory safety • Problem solving / troubleshooting ***FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(*), PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.**
MYCOLOGY	• Specimen evaluation and processing • Microscopic examination of specimens • Media selection • Culture evaluation • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Antifungal susceptibility testing* • Instrument preventive maintenance and troubleshooting • Quality assurance / control • Laboratory safety

	• Problem solving / troubleshooting ***FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(*), PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.**
MYCOBACTERIOLOGY	• Specimen evaluation and processing • Microscopic examination of specimens • Media selection • Culture evaluation • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Antimycobacterial susceptibility testing* • Instrument preventive maintenance and troubleshooting • Quality assurance / control • Laboratory safety • Problem solving / troubleshooting ***FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(*), PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.**
PARASITOLOGY	• Specimen evaluation and processing • Microscopic and macroscopic examination of specimens • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Quality assurance / control • Laboratory safety • Problem solving / troubleshooting
VIROLOGY	• Specimen evaluation and processing • Manual, automated, and/or molecular methods for detection and identification of microorganisms • Quantitative molecular methods* • Quality assurance / control • Laboratory safety • Problem solving / troubleshooting ***FOR TESTS AND PROCEDURES INDICATED BY AN ASTERISK(*), PROFICIENCY MAY BE DEMONSTRATED THROUGH PERFORMANCE, OBSERVATION, OR SIMULATION.**