ASCP BOARD OF CERTIFICATION

QUALIFICATION IN IMMUNOHISTOCHEMISTRY
EXPERIENCE DOCUMENTATION FORM (Routes 2, 3 & 4)

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name _____ ASCP Customer ID # _____

Address _____ Email Address _____

City, State, Zip Code, Country _____ Last Four Digits of Applicant's Social Security # *(if any)* _____

If necessary, multiple documentation forms may be submitted to verify that the experience requirements have been met. Multiple forms must be submitted if experience was obtained at different laboratories or under different supervisors. (NOTE: It is the applicant's responsibility to ensure experience is documented in **ALL** areas required for eligibility.)

Will more than one documentation form be submitted for this application? Yes _____ No_____

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF IMMUNOHISTOCHEMISTRY EXPERIENCE FOR EXAMINATION ELIGIBILITY

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

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

Date experience **started** in Immunohistochemistry: Month _____ Day _____ Year _____

Date experience **ended** in Immunohistochemistry: Month _____ Day _____ Year _____ No end date: (Ongoing/Current) _____

How many hours per week in Immunohistochemistry? _____

2. Directions: Please review the immunohistochemistry (IHC) experience of this applicant. **PLEASE PLACE AN X BY EACH AREA IN WHICH THIS APPLICANT HAS PERFORMED SATISFACTORILY UNDER YOUR SUPERVISION.** The applicant should be competent to perform ALL the tests and procedures indicated. Competency may be demonstrated through direct performance, training and/or management/supervision of IHC procedures. (NOTE: It is the applicant's responsibility to ensure experience is documented in ALL areas required for eligibility.)

_____ **IMMUNOHISTOCHEMICAL AND/OR IMMUNOFLUORESCENCE**

- Selection of proper control material
- Performance of staining technique
- Titration of immunologic reagents

_____ **QUALITY CONTROL AND ASSURANCE**

- Method selection, validation, documentation, optimization
- Reagent selection, preparation, storage, disposal
- Safety
- Specimen fixation, processing, microtomy
- Interpretation of normal staining patterns
- Troubleshooting

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3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE IMMUNOHISTOCHEMISTRY 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 / Facility	
City, State, Zip Code	Country

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.

PART III (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF HISTOTECHNOLOGY EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified on page 1 of this document, has applied for the Board of Certification Qualification in Immunohistochemistry examination. In order to establish this applicant's eligibility for qualification, the following information is necessary:

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

Date experience **started** in Histotechnology: Month _____ Day _____ Year _____

Date experience **ended** in Histotechnology: Month _____ Day _____ Year _____ No end date: (Ongoing/Current) _____

How many hours per week in Histotechnology? _____

2. Directions: Please review the histotechnology experience of this applicant. **PLEASE PLACE AN X BY EACH AREA IN WHICH THIS APPLICANT HAS PERFORMED SATISFACTORILY UNDER YOUR SUPERVISION.** The applicant should be competent to perform ALL the tests and procedures indicated. Competency may be demonstrated through direct observation of performance or review of results. (NOTE: It is the applicant's responsibility to ensure experience is documented in ALL areas required for eligibility.)

_____ **FIXATION**

- Tissue Identification
- Parameters (e.g., pH, time, temperature)
- Reagents
- Selection, preparation, and use of fixatives for various applications
- Troubleshooting/problem solving of fixation artifacts

_____ **PROCESSING**

- Selection, preparation, and use of decalcification reagents
- Selection of appropriate processing methods (e.g., routine histology, immunohistochemistry, cytology)
- Operation and maintenance of a tissue processor

_____ **EMBEDDING / MICROTOMY**

- Tissue identification and orientation for embedding
- Operation and maintenance of an embedding center
- Microtomy (e.g., paraffin, frozen)
- Operation and maintenance of a microtome / water bath and cryostat

_____ **STAINING**

- Selection of appropriate control material
- Reagent preparation
- Operation and maintenance of staining equipment
- Mounting and coverslipping procedures
- Identification of tissue structures and their staining characteristics
- Routine staining (i.e., H&E)
- Special staining (e.g., carbohydrates and amyloid, connective tissue, microorganisms, pigments and minerals)

_____ **LABORATORY OPERATIONS**

- Operation, preventive maintenance, and corrective action for equipment
- Troubleshooting
- Quality control
- Application of laboratory safety protocols

3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE HISTOTECHNOLOGY 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
Facility / Institution	
City, State, Zip Code	Country

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