

This form should only be used to document the completion of a two-part structured histotechnology training program. Clinical experience must be verified by completion of the Route 2 Experience Documentation Form.

Applicant Information

Must be completed by the applicant

Applicant Name: _____

ASCP Customer ID: _____

Email Address: _____

Home Address: _____

Verification of Structured Program Completion

This section must be completed and signed by the applicant's supervisor[†] who is qualified to verify the applicant's structured program completion.

[†]The supervisor is defined as the person who directly oversees the applicant's technical experience, can verify the applicant's competency, and who may have titles including supervisor, laboratory manager, program director, educator, etc.

This individual, identified above, has applied for the ASCP BOC Scientist in Histotechnology (HTL) Examination. To be deemed eligible for this examination, the applicant must have successfully completed a two-part structured histotechnology training program that includes both classroom (didactic) training and clinical experience at an approved/accredited laboratory*. *Note: clinical experience must be verified by the completion of the separate Route 2 Experience Documentation Form. This form should only be used to document the completion of a training program.*

As the applicant's supervisor[†], please complete the following information:

1. Structured Program Information

Institution Name: _____

Institution Address: _____

6-digit School Code Number (if applicable): _____

Classroom Instruction

Classroom Training Site: _____

Classroom Training Beginning Date: Month _____ Day _____ Year _____

Classroom Training Completion Date: Month _____ Day _____ Year _____

Clinical Training

Clinical Training Site at an approved/accredited laboratory*: _____

Clinical Training Beginning Date: Month _____ Day _____ Year _____

Clinical Training Completion Date: Month _____ Day _____ Year _____

How many hours of clinical training were completed? _____

***Acceptable Laboratory:**

CMS CLIA certificate of registration, compliance, [accreditation](#);

OR DoD CLIP certificate of registration, compliance, accreditation;

OR JCI accreditation;

OR Accreditation under ISO 15189

2. Supervisor[†] Signature and Contact Information

By signing this form, I, as the applicant's supervisor,[†] verify that this applicant has successfully completed a two-part structured histotechnology training program and that all information is accurate to the best of my knowledge.

Supervisor[†] Name and Credential(s)

Title

Supervisor[†] Signature

Date

Supervisor[†] Email Address

Institution Telephone Number

3. Letter of Authenticity

Include a letter of authenticity from the applicant's supervisor[†].

The letter of authenticity must:

- Be printed on original institutional letterhead
- State that the documentation form was completed, signed, and dated by the supervisor[†].
- Contain a wet signature

[†]The supervisor is defined as the person who directly oversees the applicant's technical experience, can verify the applicant's competency, and who may have titles including supervisor, laboratory manager, program director, educator, etc.