

Only submit this documentation form if MLT or MLS program completion is being used in lieu of 1 year of clinical experience

Applicant Information

Must be completed by the applicant

Applicant Name: _____

ASCP Customer ID: _____

Email Address: _____

Home Address: _____

Verification of Program and Training

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

[†]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 Medical Laboratory Technician (MLT) Examination. This applicant wishes to use their successful completion of a NAACLS Accredited MLT Program, NAACLS or ABHES Accredited MLT Program, or a foreign Medical Laboratory Science Clinical Training Program within the last five years in lieu of one year of full time acceptable clinical experience.

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

1. Program Information

Institution Name: _____

Institution Address: _____

Type of Program (check the appropriate box below):

_____ NAACLS Accredited MLS Program Six-digit School Code _____

_____ NAACLS Accredited MLT Program Six-digit School Code _____

_____ ABHES Accredited MLT Program Six-digit School Code _____

_____ Foreign Medical Laboratory Science Clinical Training Program

Program Beginning Date: Month _____ Day _____ Year _____

Program Completion Date: Month _____ Day _____ Year _____

2. Verification of Training

Please place an **X** by each area in which this applicant has obtained clinical training as part of their medical laboratory training program:

NOTE: it is the applicant's responsibility to ensure clinical training has been obtained in **ALL** areas as required for eligibility.

Blood banking

Microbiology

Chemistry

Immunology

Hematology

Urinalysis and other body fluids

3. Supervisor[†] Signature and Contact Information

By signing this form, I, as the applicant's supervisor,[†] verify that this applicant has successfully the program indicated on this documentation form and that all information is accurate to the best of my knowledge.

Supervisor[†] Name

Title

Supervisor[†] Signature

Date

Supervisor[†] Email Address

Institution Telephone Number

4. 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.