

## Applicant Information

Must be completed by the applicant

Applicant Name: \_\_\_\_\_

ASCP Customer ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

It may be necessary for the applicant to submit multiple documentation forms to verify their experience. Multiple forms must be submitted if experience was obtained at different facilities or under different supervisors.

How many documentation forms will be submitted for this application? \_\_\_\_\_

## Verification of Experience

This section must be completed and signed by the applicant's supervisor<sup>†</sup> who is qualified to verify the applicant's technical experience.

<sup>†</sup>*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.*

Regardless of the individual experience indicated on this form, the examination content will be based on the information outlined in the Qualification in Immunohistochemistry (QIHC) Topic Outline. It is the applicant's responsibility to ensure that they are adequately prepared for the examination.

This individual, identified above, has applied for the ASCP BOC Qualification in Immunohistochemistry (QIHC) Examination. To be deemed eligible for this examination, the applicant must have immunohistochemistry (IHC) experience (this can include on-the-job training).

As the applicant's supervisor<sup>†</sup>, please complete the following information:

### 1. Date and Amount of Experience

Date immunohistochemistry experience **started**: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Experience can include on-the-job training

Date immunohistochemistry experience **ended**: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How many hours per week in immunohistochemistry? (average, if necessary) \_\_\_\_\_

### 2. Areas of Experience

Please place an **X** by each area in which this applicant has performed competently under your supervision.

Competency may be demonstrated through direct observation, training, and/or management/supervision of IHC procedures.

NOTE: it is the applicant's responsibility to ensure experience has been obtained in **ALL** the listed areas as 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

### 3. Supervisor<sup>†</sup> Signature and Contact Information

By signing this form, I, as the applicant's supervisor, <sup>†</sup> verify that this applicant has performed satisfactorily in the areas of experience indicated on this form and that all information is accurate to the best of my knowledge.

_____ Supervisor <sup>†</sup> Name and Credential(s)	_____ Title
_____ Supervisor <sup>†</sup> Signature	_____ Date
_____ Supervisor <sup>†</sup> Email Address	_____ Institution Telephone Number
_____ Institution	
_____ Institution Address	

### 4. Letter of Authenticity

Include a letter of authenticity from the applicant's supervisor<sup>†</sup>.

The letter of authenticity must:

- Be printed on original institutional letterhead
- State that the documentation form was completed, signed, and dated by the supervisor<sup>†</sup>
- Contain a wet signature

<sup>†</sup>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.