

## Applicant Information

Must be completed by the applicant

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

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

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

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

## Verification of Clinical Training

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

<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.

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 histotechnology clinical training program. All eligible clinical training must have been completed outside of the classroom setting as part of the applicant's internship, laboratory/industrial posting, clinical rotation, service, or practicum. As the applicant's supervisor<sup>†</sup>, please complete the following information:

### 1. Program Information

Name of training program: \_\_\_\_\_

Institution Name: \_\_\_\_\_

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

Length of training program: (in months) \_\_\_\_\_ Type of degree \_\_\_\_\_

Date of completion: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

### 2. Verification of Clinical Training

NOTE: It is the applicant's responsibility to ensure clinical training has been obtained as required for eligibility.

Please place an **X** below to indicate that the applicant has completed clinical training in histotechnology as part of their academic program:

Histotechnology

### 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 successfully completed a histotechnician or histotechnologist clinical training program 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 \_\_\_\_\_

### 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.