

## 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 Scientist in Histotechnology - HTL(ASCP) and HTL(ASCP)<sup>i</sup> Content Guideline. 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 Scientist in Histotechnology (HTL) Examination. To be deemed eligible for this examination, the applicant must have histotechnology experience (this can include on-the-job training). The applicant should have knowledge and skill equivalent to that of a graduate of a NAACLS-accredited Histotechnology Program.

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

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**1. Date and Amount of Experience**      Date histotechnology experience **started**:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Experience can include on-the-job training      Date histotechnology experience **ended**:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

## 2. Areas of Experience

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

Competency may be demonstrated through direct observation or result review.

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

**Laboratory Operations**

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

**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, nerve, pigments and minerals)
- Immunohistochemistry

### 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.