

Applicant Information

Must be completed by the applicant

Applicant Name: _____

ASCP Customer ID: _____

Email Address: _____

Home Address: _____

Verification of Training

This section must be completed and signed by the applicant's supervisor[†] who is qualified to verify the applicant's 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 Scientist (MLS) Examination. To be deemed eligible for this examination, the applicant must have successfully completed an accredited/approved Medical Laboratory Science 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[†], 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 Training

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

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

Chemistry Hematology Microbiology Blood banking (immunohematology)

3. Supervisor[†] Signature and Contact Information

By signing this form, I, as the applicant's supervisor[†], verify that this applicant has successfully completed an accredited/approved Medical Laboratory Science clinical 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 _____

4. Letter of Authenticity

The letter of authenticity must:

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

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

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