



# 2023 ASCP GYN PT™ Locum Tenens Enrollment Booklet

*For a CMS-Approved National Gynecologic Cytology  
Proficiency Testing Program*

The Centers for Medicare & Medicaid Services (CMS) has approved ASCP's national gynecologic cytology proficiency testing program under the Clinical Laboratory Improvement Amendments (CLIA) of 1988, applicable sections of Subparts H and I.



THE LOCUM TENENS TEST MAY TAKE PLACE AT THE ASCP TESTING FACILITY IN INDIANAPOLIS, INDIANA OR MAY BE SHIPPED TO A SITE THAT IMPLEMENTS PROPER PROCTOR PROTOCOLS AND THE TESTER HAS A WORKING RELATIONSHIP WITH.

Option 1: TESTING FEE. If the event is held at the ASCP testing center in Indianapolis, Indiana, this will be the only charge.

- FEE FOR LOCUM TENENS ASCP GYN PT (PTLT23) TOTAL COST: \$124.29  
(ALL TRAVEL EXPENSES ARE THE RESPONSIBILITY OF THE LABORATORY OR INDIVIDUAL)

**IMPORTANT:** Secondary-screening Pathologists testing at the ASCP Testing Center must bring a cytotechnologist from their home laboratory to mark challenges and provide their initial interpretation of the cases. If a cytotechnologist does not come with the secondary-screening Pathologist, the Pathologist must test as a primary screener.

Option 2: TESTING FEE IF SHIPPED TO SITE. If the test is shipped to an individual to test at a facility with a proctor in place.

- FEE FOR LOCUM TENENS ASCP GYN PT (PTLTS23) TOTAL COST: \$149.29

**CONTACT INFORMATION LOCUM TENENS PARTICIPANT**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Alternative Contact \_\_\_\_\_ Alternative Contact's E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**PAYMENT INFORMATION**

Total Fee \$ \_\_\_\_\_

Check Enclosed (payable to ASCP)

Purchase Order # \_\_\_\_\_

I want to pay by credit card. Please call me at \_\_\_\_\_ . Date/Time \_\_\_\_\_

**Important!**

\*For you protection, ASCP no longer gathers credit card info via mail or fax. Please call to give ASCP your credit card information.

**CONTACT INFORMATION IF LOCUM IS TESTING AT A LABORATORY**

Laboratory Director \_\_\_\_\_ Laboratory Director's E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Alternative Contact \_\_\_\_\_ Alternative Contact's E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Lab Director Signature \_\_\_\_\_

**Complete for each participant being tested**

All information related to GYN Proficiency Testing will be handled by employees of ASCP with utmost confidentiality and discretion. Under no circumstances will an individual's results be shared or discussed with an unauthorized individual. All testing results will be sent directly to CMS and the Laboratory Director if testing in association with a laboratory.

**PARTICIPANT NAME**

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

ASCP PTR# (if known): \_\_\_\_\_

Other name(s) used (maiden name, change of name)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**Physicians:**

M.D. / D.O. (circle one)

Circle ONE category that applies:

- A. Primary Screener of GYN materials (even if one case/year)
- B. Secondary Screener (always screens pre-dotted GYN materials)

If testing at the Testing Center, a secondary screening pathologist must bring a cytotechnologist from their current work facility to pre-screen challenges and provide initial interpretation.

Medical Licensure Number \_\_\_\_\_

OR State Licensure Number (where PT testing will occur) \_\_\_\_\_

**Cytotechnologist (indicate ONE unique identifying number)**

ASCP BOR# \_\_\_\_\_ OR HEW # \_\_\_\_\_

OR State Licensure Number(s) \_\_\_\_\_

**IS ENROLLEE CURRENTLY EVALUATING GYN CHALLENGES AT TWO (2) OR MORE LABORATORIES? YES / NO**

If YES, provide the following information for each lab. ASCP will forward testing results to each site indicated.

Laboratory Director \_\_\_\_\_

Laboratory/Hospital \_\_\_\_\_

Laboratory/Hospital Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**CIRCLE ONE PREPARATION TYPE MOST ROUTINELY EVALUATED BY THIS INDIVIDUAL. THE TEST WILL CONSIST OF 100% OF THE CHOSEN PREP TYPE: C=Conventional T=ThinPrep SP=SurePath**

**NEW! INDICATE TESTING DATES, IN ORDER OF PREFERENCE** 1 \_\_\_\_\_ 2 \_\_\_\_\_

ASCP WILL MAKE EVERY EFFORT TO ACCOMMODATE ONE OF YOUR TESTING DATES.



## ATTESTATION STATEMENT

I hereby affirm that the information provided with this testing enrollment is true and complete, and includes accurate information.

\_\_\_\_\_  
*Signature of Locum Tenens Participant*

\_\_\_\_\_  
*Date*

## ENROLLMENT CHECKLIST

- Order Information / Contact, Shipping and Payment Information Form
- Participant Enrollment Forms for personnel required to test
- Attestation Statement
- Payment check (if not paying by PO or credit card)

## SUBMISSION INSTRUCTIONS

Make a copy of all enrollment materials for your records

To submit enrollment by

### Phone

**317.569.9470** (international callers: 312.541.4890)  
Monday-Friday (8:00am–4:00pm EST)  
Have your email address and credit card available.

### Fax\*

**317.569.0221**  
Please include email address and a copy of your purchase order with the registration form anytime.

### Mail\*

ASCP  
3462 Eagle Way  
Chicago, IL 60678-103  
Include email address, a check payable to ASCP, or a completed purchase order.

\*For your protection, ASCP no longer gathers credit card info via mail or fax.  
Please call to give ASCP your credit card informations.