



PART I (To be completed by Applicant)

Examination Category
Applicant's Name
Address
Last Four Digits of Applicant's Social Security #
E-mail Address
Daytime Telephone Number

PART II (MUST be completed and signed by the Immediate Supervisor or Laboratory Management* in order to be acceptable)

SUBJECT: Verification of Work Experience for Examination Eligibility

This individual, identified above, has applied for the Board of Certification examination in the category identified. In order to establish this applicant's eligibility for certification, the following information is necessary:

1. Please complete: EMPLOYMENT (including on-the-job training)

Date employment started in Histotechnology: Month ___ Day ___ Year ___

Date employment ended in Histotechnology: Month ___ Day ___ Year ___

How many hours per week in Histotechnology? _____

2. Directions: Please review the work experience of this applicant. Please place an X next to each area to verify the applicant has performed satisfactorily in ALL of the following Histotechnology areas:

- Fixation
Processing
Embedding / Microtomy
Staining

3. By signing this form, I as the Immediate Supervisor or Laboratory Management* verify that this applicant has performed satisfactorily in the Histotechnology areas checked on this form.

(Please Print) IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* NAME & CERTIFICATION(S) TITLE
IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* SIGNATURE DATE
TELEPHONE NUMBER E-MAIL ADDRESS
INSTITUTION
CITY STATE ZIP CODE

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* WITH THIS WORK EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE WORK EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

*Management is defined as someone in a management role who can verify technical experience.