



## Important:

The Board of Certification does not establish eligibility of any candidate from information that is supplied via e-mail, correspondence or telephone calls alone. Our office must base all decisions on a review and verification of information supplied through formal application for examination.

Competency in Laboratory Informatics must be demonstrated through completion of a project.

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## Detach these instructions (pages 1, & 2) from the application form.

### Step 1: Qualification Category and Route Number *(Required)*

[See PROCEDURE BOOKLET pages 4 – 6]

Review the eligibility requirements on pages 4 – 6 of the PROCEDURE BOOKLET to determine the eligibility route under which you are applying. Indicate the route number in the space provided.

### Step 2: Personal Information

#### Social Security Number

Enter the last four digits of your social security number in the space provided.

#### Daytime Telephone Number *(Required)*

Enter a daytime telephone number where you can be contacted during regular business hours, including area code and extension. Indicate home, office, cell.

#### Salutation, Last Name, First Name, Middle Initial, Maiden Name *(Required)*

Print your full name in the space provided. Print your name as you wish it to appear on your certificate.

#### Email Address *(Required)*

Indicate your e-mail address in the space provided. Please print clearly.

#### Home Street Address, City, State, Zip Code *(Required)*

Enter your complete mailing address.

#### Gender *(Required)*

Indicate "F" for female and "M" for male.

#### Ethnicity *(Optional)*

Print one of the following numbers in the box.

1. Caucasian
2. African American
3. Asian or Pacific Islander
4. Hispanic
5. Native American
6. Other

### Step 3: Academic Education *(Required)*

[See PROCEDURE BOOKLET page 7]

Provide information about your education. If you are required to submit transcripts to complete your application requirements,

please be aware that only official transcripts from the Registrar's office of your institution are acceptable; photocopies cannot be accepted.

### Step 4: Employment Information

[See PROCEDURE BOOKLET page 7 – 8]

If work experience is required to establish your eligibility under the route you have selected, complete this section, indicating your present employment information, your total experience, and any additional employment information. Experience documentation forms must be downloaded from the website at [www.ascp.org/qualification](http://www.ascp.org/qualification). Forward this form to your employer(s) for verification of your experience. **Completed experience documentation forms along with a letter from your employer, on official letterhead, verifying authenticity must be submitted with your application. (Printed experience documentation forms are available upon request.) Your application will not be processed without the experience documentation form(s) and letter(s) of authenticity attached.**

### Step 5: Contact Information *(Required)*

The Board of Certification will be emailing you time-sensitive documents; it is imperative that we are able to contact you at all times. Please indicate two individuals who are likely to know your current address and phone number at all times. Indicate your mother's maiden name on the space provided.

### Step 6: Review

Review the information you have provided in each section of the application. Is it accurate and complete? If the application is complete, read the pledge on the back of the application form and sign and date the application. Unsigned applications will be returned to you. Faxed applications are not acceptable.

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## Have you included the appropriate application fee?

An application fee must be included with your application form. All fees must be submitted by check or money order in U.S. currency (**DO NOT SEND CASH**). MAKE CHECKS PAYABLE TO "Board of Certification." The ASCP Board of Certification will not accept post-dated checks.

#### **Application fees are non-refundable.**

Your application will be returned to you if it is not accompanied by a fee. Purchase Orders or Vouchers will not be accepted for application fees. A check or money order must accompany the application form. **Faxed applications will not be accepted.**

**\$225 – All Qualifications**

## Mailing Addresses

Applications and application fees **MUST** be mailed using the **UNITED STATES POSTAL SERVICE REGULAR MAIL ONLY**. **DO NOT** send applications and fees by Fax, Federal Express, UPS, Express Mail, Certified or Registered Mail or any overnight courier service or any other express mail service. **Applications and application fees using express mail service WILL NOT reach the BOC office.**

**Application/Fee with documentation** (UNITED STATES POSTAL SERVICE REGULAR MAIL ONLY):

**Board of Certification**  
3335 Eagle Way, Chicago, IL 60678-1033

You may also apply online with a Credit Card or PayPal.

**General Correspondence and Transcripts WITHOUT checks, money order:**

**ASCP Board of Certification**  
33 W. Monroe Street, Suite 1600, Chicago, IL 60603

Should you have questions, or if any of the information on the completed application form changes, please contact the ASCP Board of Certification office at 312-541-4999, or online at [www.ascp.org/bocfeedback](http://www.ascp.org/bocfeedback).

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## Qualification In Laboratory Informatics

**Route 1:** ASCP Board of Certification Technologist or Specialist certification AND a baccalaureate degree from a regionally accredited college/university AND one year\* of full time acceptable experience within the last four years in Laboratory Informatics to fulfill requirements listed below, **OR**

**Route 2:** MLT(ASCP) or HT(ASCP) certification AND two years of full time acceptable clinical laboratory experience AND one year\* full time acceptable experience within the last four years in Laboratory Informatics to fulfill requirements listed below, **OR**

**Route 3:** Baccalaureate degree or higher from a regionally accredited college/university including 16 semester (24 quarter) hours of biological science with one semester of microbiology, 16 semester (24 quarter) hours of chemistry with one in organic or biochemistry, one semester (one quarter) of mathematics AND two years of full time acceptable clinical laboratory experience AND one year\* full time acceptable experience within the last four years in Laboratory Informatics to fulfill requirements listed below.

*\*The year experience may include a three (3) month clinical practicum offered through an accredited college/university AND nine (9) months of experience.*

**NOTE:** All experience must be completed in the United States or Canada.

To fulfill experience for the Qualification in Laboratory Informatics, the candidate must document experience within the last four years in **eight** of the following **ten** categories:

1. Hardware/Software change management and quality control
2. Database administration
3. Policy and procedure development
4. System analysis
5. Computer system and data quality assurance
6. Informatics system disaster recovery
7. Interfaces: system to system
8. Interfaces: system to instrument
9. Security: physical data and administrative control
10. Software installation, validation and maintenance

Experience is also required in **six** of the following **ten** categories:

1. Billing and charge capture
2. Regulatory compliance for clinical information systems and data
3. Budgeting and cost/benefit analysis
4. Coding and nomenclature systems
5. Hardware installation and maintenance
6. Network and data communications
7. Programming
8. Information system selection and procurement
9. LIS user teaching/training
10. Web site development and maintenance

## Guidelines For Qualification in Laboratory Informatics

Competency in Laboratory Informatics must be demonstrated through completion of a project as defined above. The purpose of this qualification is to assess the competency of candidates in Laboratory Informatics. Assessment of the examinee will be based on the evaluation of the project that will be completed by the candidate. All materials submitted as part of this project for the Qualification in Laboratory Informatics become the property of the Board of Certification.

A Project Booklet with instructions for completion of the project will be emailed to the candidate upon determination of eligibility for examination.

### Time Limits, Revalidation and Use of Qualification

Candidates who complete the qualification process in Laboratory Informatics, including completion of the eligibility requirements and successful completion of the Project, will receive documentation of their Qualification in Laboratory Informatics which is valid for three years.

This Qualification may be revalidated every three years upon payment of a fee (currently \$50) and completion of 6 contact hours of acceptable continuing education/other activities related to Laboratory Informatics.

This Qualification will not, in itself, entitle the individual to membership in ASCP. Individuals must be ASCP certified as technician, technologist or specialist to be eligible for membership.

*The information contained in this application form is subject to change without notice.*



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**Step 5: Employment Information** *(if applicable)*

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Present Employer	Job Title	Date Started
Address	City and State	Zip Code

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Immediate Supervisor's Name

Total Employment Experience

Years  Months *Only experience in the U.S., Canada or an accredited laboratory\* is acceptable.**\*CMS CLIA certificate of registration, compliance, accreditation; AND/OR**CAP, AABB, Joint Commission accreditation; OR**JCI accreditation; OR**Accreditation under ISO 15189*

Briefly describe your duties

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List additional positions held and dates of employment, giving name of laboratory, supervisor, city, state and telephone number

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**Step 6: Contact Information** *(Required)*

List below two individuals who are likely to know your address at all times.

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Name	Address	City and State	Zip Code	Telephone Number
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Name	Address	City and State	Zip Code	Telephone Number
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**Step 7: Pledge** *(Required)*

By submitting and signing this application, I acknowledge that this application will be reviewed and processed, and that an evaluation will be conducted in accordance with the rules and policies adopted by the Board of Certification. I agree to hold harmless the members, examiners, officers and agents of the Board of Certification from any and all actions that they may take, or refrain from taking, pursuant to such rules and policies.

I certify that all information contained in this application, as well as any information that I submit in support of this application is true and correct to the best of my knowledge and belief. I authorize representatives of the Board of Certification to verify the accuracy of any information contained in, or supplied in support of, this application from any person or persons having knowledge of such information. I recognize that this qualification, if granted, is based on the correctness of the information contained in, and supplied in support of, this application.

I further recognize that admission to apply for the qualification and any qualification I may have or be granted, may be revoked at any time, and that I may be barred from admission to apply for future qualifications, if it is established that the information contained in, or supplied in support of, this application is inaccurate in any material respect, if I engage in any inappropriate conduct (such as giving or obtaining unauthorized information or aid), or if it is determined that I have misrepresented or misused any qualification I may have or be granted.

I understand that the work sample project is the exclusive property of the Board of Certification and is protected by copyright law. Because of the confidential and proprietary nature of these copyright materials, I agree not to retain, copy, or disclose or reveal any part of these materials, unless previously authorized in writing by the Board of Certification.

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Applicant's Signature *(Required)*

Date