



PART I (To be completed by Applicant)

MEDICAL LABORATORY SCIENTIST ATTESTATION TASK LIST

Student's Name

Last Four Digits of Student's Social Security #

Address

()

E-mail Address

Telephone Number

PART II (MUST be completed and signed by the immediate supervisor or laboratory management** in order to be acceptable) In order to verify that the applicant has sufficient experience in the area(s), please indicate how you assessed the applicant's proficiency in all tasks below according to the following codes: O= the applicant observed the task, P= the applicant performed the task, V=applicant verbalized the task theory/steps, W=applicant passes a written exam for the task theory/steps.

*Proficiency for the tasks indicated by an asterisk may be demonstrated through Performed observation, Written, or Verbal Examination

BLOOD BANKING

- ABO & Rh typing
Antibody screen & identification
Blood component, storage and use
Compatibility testing*
HDFN testing*
Instrument preventive maintenance & troubleshooting
Transfusion reaction testing
Processing and administration of blood products
Quality assurance
Specimen collection, evaluation, and processing
Problem solving/troubleshooting

- Special coagulation tests (e.g., fibrinogen, factor assays, FDP/D-dimer)*
Specimen collection, evaluation, and processing
Problem solving/troubleshooting

IMMUNOLOGY

- Manual or automated serological tests (e.g. hepatitis, rubella, syphilis, rheumatoid arthritis, heterophile antibody)
Instrument preventive maintenance & troubleshooting
Quality assurance
Specimen collection, evaluation, and processing
Problem solving/troubleshooting

CHEMISTRY

- Basic analytical methodology including electrolytes, blood gases, glucose, blood urea nitrogen, creatinine, bilirubin, enzymes, lipids, and proteins
Immunoassay
Instrument preventive maintenance & troubleshooting
Endocrinology and tumor markers*
Therapeutic drug monitoring/toxicology*
Quality assurance
Specimen collection, evaluation, and processing
Problem solving/troubleshooting

MICROBIOLOGY

- Antibiotic susceptibility testing*
Culture evaluation*
Instrument preventive maintenance & troubleshooting
Media selection
Microscopic examination of specimens
Manual, automated, and molecular methods for detection and identification of microorganisms
Quality assurance
Specimen collection, evaluation, and processing
Problem solving/troubleshooting

HEMATOLOGY

- Blood smear preparation, evaluation and differential
Complete blood count
Miscellaneous tests (e.g. reticulocyte, ESR sickle screen)
Instrument preventive maintenance & troubleshooting
Quality assurance
Routine coagulation (e.g. PT, APTT)

URINALYSIS/BODY FLUIDS

- Instrument preventive maintenance & troubleshooting
Quality assurance
Routine urinalysis
Routine evaluation of other body fluids
Specimen collection, evaluation, and processing
Problem solving/troubleshooting

(OVER)

PART III By signing this form, I as the immediate supervisor or laboratory management**

- 1) Verify clinical laboratory has the following accreditation:
 CMS CLIA certificate of registration, compliance, accreditation; OR TJC accreditation; OR CAP Accreditation; OR COLA Accreditation; OR Accreditation under ISO 15189
 Other: _____
- 2) verify that this employee has a minimum of two years full-time work experience and performed satisfactorily in the areas checked on this form within the last four years.
Hire Date: _____ End Date: _____

OR

- verify that this employee does not have a minimum of two years full-time work experience, but is a current employee performing satisfactorily in the areas checked on this form.
Hire Date: _____ End Date: _____

AND

- verify if this employee has remaining **unmet** areas in Part II of this form, I as the employer **will** provide a practicum for the remaining unmet areas in accordance with accreditation requirements by the end of the MLS curriculum.

OR

- verify if this employee has remaining **unmet** areas in Part II of this form, I as the employer **cannot** provide a practicum for the remaining unmet areas in accordance with accreditation requirements by the end of the MLS curriculum. **If the employer is unable to provide a practicum for any of the unmet required areas, please indicate with the word "NO" next to the task in Part II.**

PRINTED NAME OF IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT**

AREA CODE/ TELEPHONE #

SIGNATURE OF IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT**

DATE

INSTITUTION

CITY

STATE

ZIP

E-MAIL ADDRESS

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

PART IV By signing this form, I as the Student

- verify I have not performed all of the required tasks on this form and I agree to complete a practicum in accordance with accreditation requirements

STUDENT'S SIGNATURE

DATE

Return completed form to cls@nmu.edu or fax to (906)227-1309

Revised 5/3/2021