

Experience Verification Form
(for Special Consideration Applicants Only)
(Form to be completed by supervisor/employer)

The applicant must have the minimum requirements below in order to be considered as a candidate for the exam.

This is to certify that _____ has:
(Print applicant's name)

A. Completed _____ successful phlebotomy procedures. (minimum requirement: 20)

Supervisor's Name (please print) Position (please print) Phone Number

Start-day/month/year _____ & end – day/month/year _____

Signature Institution

B. Completed _____ successful ECG procedures. (minimum requirement: 10)

Supervisor's Name (please print) Position (please print) Phone Number

Start-day/month/year _____ & end – day/month/year _____

Signature Institution

C. Completed _____ hours of practical experience in a medical testing facility* or equivalent.
(minimum requirement: 80 hours)

* A testing facility is a laboratory licensed under the "Laboratory and Specimen Collection Centre Licensing Act" where the candidate is/has performing/performed technical functions within the scope of practice of a medical laboratory assistant/technician.

Supervisor's Name (please print) Position (please print) Phone Number

Start-day/month/year _____ & end – day/month/year _____

Signature Institution