

# ALLIED HEALTH SPECIALTY SHEET

## Histotechnologist

Please list any limitations or comments you may have on a separate sheet.

<b>IDENTIFYING INFORMATION</b>	Last Name	First name	Middle name	Previous Surname			
	Social Security Number						
<b>LICENSES</b> <i>List all states in which you are or have ever been licensed</i>	Original State License	License Number	Exp. Date	State License	License Number	Exp. Date	
	State License	License Number	Exp. Date	State License	License Number	Exp. Date	
<b>CERTIFICATION</b>	ASCP Registry #: _____ Year: _____						
	Other (Please specify): _____						
<b>CLINICAL SKILLS</b>	<p><i>Please check the areas below where you have clinical experience in the past 24 months and where you are currently proficient.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b><u>Fixation</u></b></p> <p><input type="checkbox"/> Light microscopy</p> <p><input type="checkbox"/> Electron microscopy</p> <p><input type="checkbox"/> Special stains</p> <p><input type="checkbox"/> Frozen sections/tissues</p> <p><input type="checkbox"/> Enzyme histochemistry</p> <p><input type="checkbox"/> Immunohistochemistry</p> <p><input type="checkbox"/> Artifacts/precipitates/pigments</p> <p><input type="checkbox"/> Quality control</p> <p><input type="checkbox"/> Cytologic specimens</p> <p><b><u>Processing/Embedding</u></b></p> <p><input type="checkbox"/> Light microscopy</p> <p><input type="checkbox"/> Frozen sections/tissues</p> <p><input type="checkbox"/> Enzyme histochemistry</p> <p><input type="checkbox"/> Calcified/decalcified tissue</p> <p><input type="checkbox"/> Immunohistochemistry</p> <p><input type="checkbox"/> Quality control</p> <p><input type="checkbox"/> Cytologic specimens</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b><u>Microtomy</u></b></p> <p><input type="checkbox"/> Paraffin</p> <p><input type="checkbox"/> Frozen section</p> <p><input type="checkbox"/> Agar/gelatin</p> <p><input type="checkbox"/> Quality control</p> <p><b><u>Staining</u></b></p> <p><input type="checkbox"/> Nucleus/cytoplasm (e.g. H&amp;E)</p> <p><input type="checkbox"/> Blood/bone marrow</p> <p><input type="checkbox"/> Carbohydrates</p> <p><input type="checkbox"/> Connective/supporting tissue</p> <p><input type="checkbox"/> Lipids</p> <p><input type="checkbox"/> Microorganisms</p> <p><input type="checkbox"/> Nerve</p> <p><input type="checkbox"/> Pigments/minerals/granules</p> <p><input type="checkbox"/> Quality control</p> <p style="text-align: right;"><b>Do you have MOHS experience?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> </td> </tr> </table> <p><b>Please list any additional capabilities you have that are not listed above:</b> _____</p> <p>_____</p> <p>_____</p>					<p><b><u>Fixation</u></b></p> <p><input type="checkbox"/> Light microscopy</p> <p><input type="checkbox"/> Electron microscopy</p> <p><input type="checkbox"/> Special stains</p> <p><input type="checkbox"/> Frozen sections/tissues</p> <p><input type="checkbox"/> Enzyme histochemistry</p> <p><input type="checkbox"/> Immunohistochemistry</p> <p><input type="checkbox"/> Artifacts/precipitates/pigments</p> <p><input type="checkbox"/> Quality control</p> <p><input type="checkbox"/> Cytologic specimens</p> <p><b><u>Processing/Embedding</u></b></p> <p><input type="checkbox"/> Light microscopy</p> <p><input type="checkbox"/> Frozen sections/tissues</p> <p><input type="checkbox"/> Enzyme histochemistry</p> <p><input type="checkbox"/> Calcified/decalcified tissue</p> <p><input type="checkbox"/> Immunohistochemistry</p> <p><input type="checkbox"/> Quality control</p> <p><input type="checkbox"/> Cytologic specimens</p>	<p><b><u>Microtomy</u></b></p> <p><input type="checkbox"/> Paraffin</p> <p><input type="checkbox"/> Frozen section</p> <p><input type="checkbox"/> Agar/gelatin</p> <p><input type="checkbox"/> Quality control</p> <p><b><u>Staining</u></b></p> <p><input type="checkbox"/> Nucleus/cytoplasm (e.g. H&amp;E)</p> <p><input type="checkbox"/> Blood/bone marrow</p> <p><input type="checkbox"/> Carbohydrates</p> <p><input type="checkbox"/> Connective/supporting tissue</p> <p><input type="checkbox"/> Lipids</p> <p><input type="checkbox"/> Microorganisms</p> <p><input type="checkbox"/> Nerve</p> <p><input type="checkbox"/> Pigments/minerals/granules</p> <p><input type="checkbox"/> Quality control</p> <p style="text-align: right;"><b>Do you have MOHS experience?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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