

REFERENCE

TO SUPPORT APPLICATION FOR
CLINICAL CHEMISTRY TECHNOLOGIST CERTIFICATION
BY
NATIONAL REGISTRY OF CERTIFIED CHEMISTS
125 Rose Ann Lane, West Grove, PA 19390
610-322-0657/800-858-6273 FAX/ rphifer@nrcc6.org

Name of Applicant _____

- 1. I have personally known the applicant for approximately _____ year(s).
- 2. My relationship with the applicant (is) (was) _____
(e.g., employer, supervisor, co-worker, etc.)

- 3. I believe the applicant has had the following experience working with:
 - human specimens for diagnostic and/or therapeutic purposes for _____ years;
 - interpretation of data for _____ years;
 - research projects of a clinical nature with materials from human subjects for _____ years;
 - development of clinical chemistry methods years _____;
 - animals as primary subjects using techniques similar to those used for humans for _____ years;
 - instrument development with instrumentation concerning clinical chemical analyses for _____ years;
 - expert witness procedures for _____ years;
 - _____ ;
 - _____ ;
 - _____ ;
 - _____ ;
 - _____ ;
 - _____ ;
 - _____ ;
 - _____ ;

CCT REF 1B

Using a scale of: (1) Unsatisfactory; (2) Below Average; (3) Average; (4) Above Average; (5) Outstanding; or (N/A) Not Applicable; I rate the applicant as follows:

- _____ service to profession;
- _____ continuing education effort;
- _____ leadership/team member;
- _____ research/development;
- _____ moral character;
- _____ ethical and professional standing.

I understand it is the intention of the National Registry of Certified Chemists to certify individuals who are technically competent, of good moral character, and of high ethical and professional standing and who are intellectually active enough to remain competent and to enhance their ability to contribute to the profession and thus to be certifiable.

I understand my evaluation of this applicant is an essential part of the overall processes for certification and my responses will be carefully considered, judiciously used, and kept in confidence.

Comments:

Name of Reference: _____

Certification/Membership: AACC ___; ABCC ___; ABFT ___; ACS ___; AIHA ___; AIC ___; NACB ___;
NRCC ___; Other _____.

Employer _____

Address _____

Telephone _____ Email address _____

Signature _____ Date _____