

Directions for Employment Verification

MEDICAL LABORATORY TECHNICIAN (MLT)

Applicant: Provide the EMPLOYMENT VERIFICATION Form for your certification to your employer(s) for completion. The form must be completed by the applicant's manager, supervisor, or authorized human resources representative. Note that any submitted documentation will be reviewed and processed only if your application for AMT certification is active.

For direct submission by the applicant

If the applicant is submitting the completed EMPLOYMENT VERIFICATION directly to AMT, the form must either:

	Be accompanied by a Letter of Authenticity from the employer				
	The letter must be printed on the employer's company letterhead stating that the EMPLOYMENT VERIFICATION form was completed, signed, and dated by the applicant's manager, supervisor, or an authorized human resources representative.				
	If an applicant is submitting EMPLOYMENT VERIFICATION forms for multiple employers, each form must include either a letter of authenticity or a stamp/seal from that specific employer who verified the employment.				
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П	Bear the employer's company seal or stamp				

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The EMPLOYMENT VERIFICATION must contain the employer's company stamp or seal, which must be embossed on the form. AMT cannot accept digital seals and/or logos.

EMPLOYMENT VERIFICATION submitted by an applicant without either a Letter of Authenticity or the employer's stamp/seal WILL NOT BE ACCEPTED.

For submission by the employer

If the employer is submitting the completed EMPLOYMENT VERIFICATION directly to AMT on behalf of the applicant, a Letter of Authenticity or company stamp or seal is not required:

The completed EMPLOYMENT VERIFICATION must be submitted directly from the
employers' professional email address. Personal email providers such as @yahoo, @gmail,
and @hotmail are not accepted as business email addresses.



MEDICAL LABORATORY TECHNICIAN (MLT) EMPLOYMENT VERIFICATION

SECTION I: This section to be completed by applicant

Applicant's First Name	Last N	lame	Al	MT ID #				
E-mail			Da	ate of Birth				
SECTION II: This section to be con	mpleted by employer: (Cu	rrent or previous supe	rvisor, or designated h	uman resources representative only)				
The above-named individual has ap facility as a present or former emplo				ted above. The candidate listed your t's eligibility for certification				
Name of Employer			Pł	none Number				
Mailing Address		Business E-mail						
City	State	e/Province/Country Zip						
Date of Employment: From (mm,	/dd/yy)	To (mm/dd/yy or current)						
Was the Employment: ☐ Full Time* ☐ Part Time If part time, estimate hours worked per week:								
*Full time is defined as working an	average of 40 hours/week. F	ull time may include a	combination of part-t	ime settings.				
Title while employed:								
Did the applicant perform the duties			☐ Yes ☐ No					
		· 		while completed				
Please indicate below all the dut		-		wniie empioyea.				
☐ Blood Banking	☐ Microbiology	☐ Chemistry	☐ Hematology					
☐ General laboratory knowledge (Terminology, QA and QC, OSHA regulations, Safety, Phlebotomy, etc.)								
Lab accredited by: CMS/State	CAP	Joint Commission	Other _	Name				
	NOTE: Job de	scriptions are NOT acce	ptable.					
-								
Comments:								
I am a current/previous supervisor or representation of the duties perform		ces representative. I at	test that the informat	ion above is accurate and is a fair				
Name (Print):	Title:							
Signature:	Date:							

If submitted by the applicant, this document must include either the company's stamp/seal or be accompanied by a Letter of Authenticity from your current or previous employer. The Letter of Authenticity must be printed on the employer's company letterhead stating that the employment verification form was completed, signed, and dated by a manager, supervisor, or human resources. Employment verification documents sent directly from an employer's professional email will not require a Letter of Authenticity or company stamp/seal.