



## Verification of Employment as Medical Laboratory Technician

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Credential (ASCP, AMT, AAB) \_\_\_\_\_

Certification Number: \_\_\_\_\_

For Lab Manager:

I certify that \_\_\_\_\_ (print student name) is currently working as a medical  
laboratory technician at my agency, \_\_\_\_\_.

\_\_\_\_\_  
Lab Manager Name (Please Print)

\_\_\_\_\_  
Lab Manager Signature

\_\_\_\_\_  
Lab Manager Certification Number &  
Credentials (ASCP, AMT, AAB)

This completed form is required for admission to the program and must be submitted to the admissions office. You can email to [admissions@lsua.edu](mailto:admissions@lsua.edu) OR attach to your online application.