

New Certificates and a New Location: 1963-1973

In 1963, the Laboratory Aide certification which failed to mature following World War II was transformed into the Certified Laboratory Assistant (CLA) certification, becoming the second generalist level certification offered by the Board of Registry.

1964

By 1964, the Board of Registry initiated the first examination for Nuclear Medicine Technologists (NM).

1965

The eligibility requirements for the specialist certifications, which had previously required a master's or doctorate, were expanded to MT(ASCP) registrants with a baccalaureate degree and five years of acceptable experience in a specific field in an acceptable laboratory.

In the mid-60's, the first computer was installed in the Board of Registry offices.

1968

The Specialist in Hematology (SH) certification was developed.

1969-70

The Board of Registry moved from Muncie, IN to the ASCP national headquarters building at 710 S. Walcott in Chicago, IL. The third generalist level certification, Medical Laboratory Technician (MLT) was first offered that same year. In 1970, the ASCP Commission on Laboratory Personnel Newsletter is published to improve communications with program directors and educators of the nearly 1200 accredited laboratory training programs.

1971

The Technologist in Hematology (H) certification began.

The Board of Registry moved with ASCP to the newly built offices at 2100 W. Harrison in Chicago.

The "PERT" (Performance Evaluation and Review Technic) system was developed for certification. This system began with the announcement of examination dates and ended with the mailing of certificates. Examination answer sheets were scored by the University of Illinois Medical Center's computer center. Pass/fail letters and IBM punch cards reporting the candidate's score were sent out eight to ten weeks after the examination. A letter was

enclosed explaining the information on the IBM card – various columns, subtest breakout, maximum score for each area, raw score breakpoint, and pass/fail indicator. School reports were sent out to programs indicating their students' performance.

Two certificates were sent out at this time. One was computer generated. The second Certificate of Qualification was embossed with a formal design and mailed 60 - 90 days after the examination.

1972

A new staff position was created, Educational Analyst/Statistician, to allow for better grading of the examination and to address the demand for additional test score evaluations. An in-house computer terminal was installed in the Board of Registry office. The examinations were given twice each year – on the third Friday of February and August.

In this year, CMA approved Canadian Cytotechnology training was accepted for Cytotechnologist, CT(ASCP) certification. A Medical Laboratory Technician Committee was formed in the Board of Registry. This committee was responsible for the accreditation of MLT programs, and for writing and evaluating MLT examinations. The committee was made up of members of ASCP and ASMT. The first interstate Medical Technology Intern Bowl competition was held at the annual ASCP-CAP meeting in San Francisco.

1973

Examinations previously given in 140 cities throughout the U.S. were consolidated to 50 cities. This change was made to improve security and shorten processing time and costs. Individuals who failed the examination three times were required to undergo retraining before being permitted to retake the examination. The August 1973 examination had over 9,500 applications, the largest in BOR history.

Examination Content Guidelines, 100,000th Certificant, and Administrative Independence: 1974 – 1981

The 1970's was a time of tremendous growth for the Board of Registry, as well as a time of restructuring. In 1975, the 100,000 certification was granted to Harry Watkins, MT(ASCP) of Berkeley, CA. The first medical technologist, Betty Murphy, MEd, MT(ASCP) was unanimously elected Chair of the Board of Registry. The structure of the Board was amended to include a sixth medical technologist and the Board of Registry began publication of the Board of Registry Newsletter.

1974

The Board of Registry began the transition from norm-referenced grading methodology to criterion-referenced measurement (CRM). The grading procedure, norm-referencing, was the state-of-the-art methodology for several decades. The Board of Registry's Research and Development Committee determined that this transition to CRM was preferable as it no longer seemed appropriate for examinees to be evaluated on the basis of their comparative performance. Under criterion-referencing, examinees' performance is compared against a predetermined absolute criterion of competence, rather than against each other. In August 1980, this method was first used in scoring the examinations.

The first Examination Content Guidelines were developed for five categories of certification: Medical Technologist, Medical Laboratory Technician, Specialist in Hematology, Histologic Technician, and Certified Laboratory Assistant. These guidelines assist the candidates for certification in preparing for examination.

A new agency was formed for the accreditation of medical laboratory schools, the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). This agency replaced the ASCP Board of Schools. Representatives of ASCP and ASMT signed the incorporation papers creating this new agency.

In August 1974, a baccalaureate degree was an eligibility requirement for all Medical Technologists. Histologic Technician programs first became accredited by the American Medical Association through NAACLS in 1974. The following nine committees were established by the Board of Registry for examination development and review:

- Medical Technologist
- Medical Laboratory Technician
- Certified Laboratory Assistant
- Clinical Chemistry
- Cytotechnology
- Hematology
- Histologic Technician
- Microbiology
- Nuclear Medicine Technology

A separate committee was also created for the development of Examination Content Guidelines. Permanent test centers were also established in 1974.

1977

The ASMT withdrew its representatives from the ASCP Board of Registry. The composition of the Board of Registry membership was changed to:

- Six fellow members of ASCP
- Six medical technologists certified by the Board of Registry
- One representative from each of the following organizations
 - National Registry in Clinical Chemistry
 - American Academy of Microbiology
 - American Association of Blood Banks (AABB)
 - American Society of Cytology
 - National Society for Histology
 - Society of Nuclear Medicine
- Two lay members

The ASCP Board of Directors determined that the Board of Registry should be independent in matters related to certification of medical laboratory personnel. Six newly elected medical technologists joined the Board of Governors of the Board of Registry in 1977.

The issue of recertification was considered by the Board during this period as well. It was to be conducted in three phases, culminating in time-limited certification with requirements to participate in continuing education and other activities to "assure personnel quality."

1978

The Board of Certification celebrated their Golden (50th) anniversary in St. Louis, MO. More than 170,000 medical laboratory personnel had been certified.

1980

In 1980, Katina S. F. Cable, MT(ASCP) from Charlotte, NC became the 200,000th certificant. Two new certifications were added: Technologist in Immunology, I(ASCP); and Histotechnologist, HTL(ASCP).

1981

The first full-time Vice President of the Board of Registry was hired, Barbara Castleberry, PhD, MT(ASCP).

300,000th Certificant, Qualifications, and Computer Adaptive Testing: 1982 – 1993

By 1982, fifteen certification categories were offered by the ASCP Board of certification. Nine examination committees were responsible for preparing, scoring and evaluating these examinations as shown below:

- Blood Bank Exam Committee (Specialist in Blood Banking)
- Clinical Chemistry Exam Committee (Technologist in Chemistry, Specialist in Chemistry)
- Cytotechnology Exam Committee (Cytotechnologist)
- Hematology Exam Committee (Technologist in Hematology, Specialist in Hematology)
- Histotechnology Exam Committee (Histologic Technician, Histotechnologist)
- Immunology Exam Committee (Technologist in Immunology, Specialist in Immunology)
- Joint Generalist Exam Committee (Medical Technologist, Medical Laboratory Technician)
- Microbiology Exam Committee (Technologist in Microbiology, Specialist in Microbiology)
- Nuclear Medicine Exam Committee (Technologist in Nuclear Medicine)

The Certified Laboratory Assistant (CLA) certification was discontinued in 1982.

The issue of continuing competency and development of some type of recertification program continued to be studied by the Board of Registry.

The total number of test centers in 1982 was 98. The Board of Registry introduced the Clinical Laboratory Educators Forum at the ASCP-CAP Annual meeting. NAACLS also participated in this forum to address accreditation issues brought up by the educators as well as certification issues addressed to the Board of Registry.

The Board of Registry Research and Development Committee started an investigation into computer testing using computer adaptive technology (CAT.)

1983

Another new certification category was introduced, Technologist in Blood Banking, BB(ASCP).

1984

The Board of Registry began conducting annual surveys of medical laboratory programs accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) and the Commission on Accreditation of Allied Health Education Programs.

1986

The first Board of Registry Study Guide was published to assist applicants in preparing for the certification examinations for Medical Technologist and Medical Laboratory Technician. The Guide included 1600 practice questions and answers in seven key areas: microbiology, hematology, chemistry, blood banking, immunology, body fluids/urinalysis, and laboratory operations. It also featured a 100-item sample test.

1987

The Specialist in Cytotechnology certification was developed.

1988

The year 1988 saw a number of new projects completed:

- The concept of scaled scoring was introduced with a passing score of 400. The
 availability of test equating combined with scaled scores made it possible for the
 Board to equate examinations for difficulty and report a scaled score that is
 comparable from cycle to cycle. Since the scale will be unchanged across cycles,
 direct comparisons of overall performance of students and programs from year
 to year can be made accurately.
- The first wage and vacancy survey was completed that provided information on salaries and wages of laboratory personnel, as well as tracking staffing shortages across all medical laboratory professions.
- A career recruitment campaign was started with the ASCP Associate Member Section. The wage and vacancy survey was a part of this campaign. A planning guide was developed and distributed to programs. A 4-year plan was developed including strategies to increases public awareness of the importance of qualified personnel in providing quality medical laboratory testing. An all-day educators' forum was held at the Fall 1988 ASCP annual meeting to address student recruitment.
- The Board began a 2-year investigation into the use of Computer Adaptive
 Testing (CAT). A CAT Committee was formed and the Board of Registry R&D
 Committee heard a presentation on this topic by Dr. Benjamin Wright of the
 University of Chicago. The R&D Committee was planning to investigate the legal,
 psychometric and psychological issues raised by this form of test administration.
 The research project will also investigate the reliability and validity of CAT.

1989

The Phlebotomy Technician, PBT(ASCP) certification was introduced with an outstanding response. Over 2,000 applications were received for the August 1989 examination cycle. This certification was developed due to a conjoint agreement with the Consortium of Indiana Medical Laboratory Educators (CIMLE). The Diplomate in Laboratory Management, DLM(ASCP) was also introduced this year for supervisors, managers and laboratory directors.

A CAT pilot project was held with students from accredited Medical Technologist programs. Approximately one-half of the MT programs and their graduates voluntarily participated. The project was designed to study student performance on a traditional written test and a computer adaptive test.

1991

The 300,000th certificant, Kim Wainwright, MT(ASCP) from Knoxville, IL was certified. Ms. Wainwright was previously certified MLT(ASCP) and continued her education over a period of years to attain MT(ASCP) certification.

Also in 1991, the CAT testing algorithm was developed and a model CAT test site was set up at the ASCP offices in Chicago, IL by Richard Gershon. A total of 662 candidates were tested using CAT in the following categories: Medical Technologist (208), Medical Laboratory Technician (128), Phlebotomy Technician (168), Cytotechnologists (92), and Histologic Technician (66). These candidates were from 37 states, traveling at their own expense.

A Task Force on Apheresis/Hemapheresis was appointed to develop a credentialing process to recognize individuals performing these procedures. The Task Force includes representatives from the Society of Hemapheresis Specialists (SHS) and the American Society for Apheresis (ASA).

1992

Additional CAT testing locations were established in the following five locations in addition to Chicago: Atlanta, Baltimore/Washington DC, Dallas/Ft. Worth, Houston, and Los Angeles.

The Clinical Laboratory Management Association (CLMA) was welcomed as a participating society on the Board of Registry with one representative on the Board.

A poster campaign was initiated by the joint Board of Registry/Associate Member Section Task Force on Recruitment, Retention and Image. Over 8,000 recruitment posters were mailed to high schools, program directors, members of the National Association of Biology Teachers and members of the ASCP Career Recruitment Network.

1993

The first Qualification examination was offered, the Qualification in Cytometry. The Qualification recognizes competence of individuals working in specialized areas and requires completion of a work sample project instead of an examination.

A new certification was also added for Hemapheresis Practitioner, HP(ASCP). This new certification was a collaborative effort with three other groups.

Additional CAT testing locations were established in 16 additional cities in the spring and 32 more cities in the fall. Seventeen of the nineteen certification examinations were offered as CAT examinations.