SENIOR CYTOTECHNOLOGIST
SUPPLEMENTAL QUESTIONNAIRE

_____ _____
Please Print Name Social Security Number

The answers to the questions below will be used to evaluate your education, training and/or experience as it relates to the position of Senior Cytotechnologist. You will receive a rating of 70% for meeting the minimum qualification. Additional points will be awarded to candidates who possess job-related education, training and/or experience beyond the minimum qualifications.

1. Have you performed cytological tests and analyses within the last three (3) years?

   Yes _____ No _____

   If yes, indicate the number of months.
   (a) Acute care hospital _____ months
   (b) Reference Laboratory _____ months
   (c) Private Laboratory _____ months

2. What is the maximum number of slides that the state allows a Cytotechnologist to screen within 8 hours?

   Patient Specimens _____
   Q.C. Material _____ Total _____

3. Have you been assigned the task of advising/instructing other hospital personnel in proper methods of preparing cytological smears?

   Yes _____ No _____

4. Have you ever developed or evaluated:
   (a) New or modified procedural techniques Yes _____ No _____
   (b) New or modified equipment Yes _____ No _____

5. Have your written or revised cytology manuals?

   Yes _____ No _____

6. Have you coordinated or implemented

   (a) Quality control programs in cytology Yes _____ No _____
   (b) Intradepartmental continuing education Yes _____ No _____
   (c) Have you collected data for quality assurance programs? Yes _____ No _____

7. Have you documented and maintained State and Federally-mandated statistics? Yes _____ No _____

8. Please give the name, address and phone number of persons who may be contacted to verify the above

   information._____

   _____

   _____

   _____

9. Have you ever been convicted of a federal crime, as defined in 42 U.S.C. Section 1320a-7(i), or been subject to an exclusion action? Yes _____ No_

   If yes, please explain:_____
   _____

   (Convictions are not an absolute bar to employment. Each case will be evaluated on its own merits.)

   I Certify that the above information is true, complete and correct to the best of my knowledge.

_____ _____
Date Signature of Applicant