

REPRODUCTIVE CLINICAL SCIENCE MS DEGREE PROGRAM SKILLS REPORT

STUDENT NAME:	SIGNATURE:	DATE:
AREA OF EXPERIENCE	YEARS IN AREA OF EXPERIENCE	
<ul style="list-style-type: none"> • CLINICAL EMBRYOLOGY 		
<ul style="list-style-type: none"> • ANDROLOGY 		
<ul style="list-style-type: none"> • ENDOCRINOLOGY 		
IVF CLINIC OR CENTER NAME:	LOCATION:	ZIP:
CURRENT LAB DIRECTOR OR SUPERVISOR NAME:	LAB DIRECTOR SIGNATURE (E SIGNATURE ACCEPTABLE):	DATE:
CONTACT INFORMATION:		

FILL OUT ADDITIONAL FORMS AS NEEDED PLEASE SEE INSTRUCTIONS BELOW*

	LEVEL OF ACTIVITY	FREQUENCY
EMBRYOLOGY	OBSERVE OR ASSIST OR INDEPENDENT	NUMBER OF CASES OR YEARS
OOCYTE RETRIEVAL		
OOCYTE ASSESSMENT		
INSEMINATION IVF		
INSEMINATION ICSI		
FERTILITY ASSESSMENT		
EMBRYO CULTURE OBSERVATION GRADING		
EMBRYO BIOPSY		
EMBRYO TRANSFER		
CRYOPRESERVATION LIST TYPE		
<ul style="list-style-type: none"> • SLOW COOL 		
<ul style="list-style-type: none"> • VITRIFICATION 		
<ul style="list-style-type: none"> • THAWING 		
SEMEN PREP FOR IVF LIST ACTIVITY		
<ul style="list-style-type: none"> • ANALYSIS 		
<ul style="list-style-type: none"> • SWIM UP 		
<ul style="list-style-type: none"> • OTHER 		
EMBRYOLOGY QC LIST ACTIVITY		
<ul style="list-style-type: none"> • DAILY RECORD KEEPING 		
<ul style="list-style-type: none"> • DESIGN 		
<ul style="list-style-type: none"> • OTHER 		
PATIENT/LAB RECORD KEEPING		
PREPARE FOR INSPECTION LIST TYPE		
<ul style="list-style-type: none"> • 		
<ul style="list-style-type: none"> • 		
PROFICIENCY TESTING LIST TYPE		
<ul style="list-style-type: none"> • 		
<ul style="list-style-type: none"> • 		

	LEVEL OF ACTIVITY	FREQUENCY
ANDROLOGY	OBSERVE OR ASSIST OR INDEPENDENT	NUMBER OF CASES OR YEARS
SEMEN ANALYSIS LIST ACTIVITY		
• GENERAL ANALYSIS		
• MORPHOLOGY		
CRYOPRESERVATION LIST TYPE		
• SLOW COOL		
• VITRIFICATION		
• THAWING		
ANDROLOGY QC LIST ACTIVITY		
• DAILY RECORD KEEPING		
• DESIGN		
• OTHER		
PATIENT/LAB RECORD KEEPING		
PREPARE FOR INSPECTION LIST TYPE		
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PROFICIENCY TESTING LIST TYPE		
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	LEVEL OF ACTIVITY	FREQUENCY
ENDOCRINOLOGY	OBSERVE OR ASSIST OR INDEPENDENT	NUMBER OF CASES OR YEARS
ENDOCRINOLOGY ASSAY INSTRUMENTATION LIST		
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ENDOCRINOLOGY QC LIST ACTIVITY		
• DAILY RECORD KEEPING		
• DESIGN		
• OTHER		
PATIENT / LAB RECORD KEEPING		
PREPARE FOR INSPECTION LIST TYPE		
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PROFICIENCY TESTING LIST TYPE		
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•		

***INSTRUCTIONS :** PLEASE PRINT AND FILL OUT THIS FORM, IF YOU ARE WORKING IN IVF, ANDROLOGY OR ENDOCRINOLOGY SCAN AND UPLOAD IT TO THE APPLICATION DOCUMENT UPLOAD LOCATION AS INDICATED IN THE APPLICATION DETAILS. IF THERE IS AN AREA THAT HAS NOT BEEN LISTED IN THIS FORM THAT YOU WOULD LIKE TO INCLUDE PLEASE SUBMIT IT WITH THIS FORM.