COLLEGE of AMERICAN PATHOLOGISTS

Biorepository Personnel Evaluation Roster

Biorepository Name: _____ **CAP #:** _____

LAST NAME, FIRST NAME	CREDENTIAL/QUALIFICATION VERIFICATION				DATE OF HIRE	JOB TITLE
	Diploma	Transcript	Other (eg, license, certification, etc)	Qualified for assigned duties?		

Director/Designee (Print Name): _____ **Signature:** _____ **Date:** _____