



CryoSTAT

— HISTOLOGY SOLUTIONS —

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CREDENTIALS PACKET



PROFESSIONAL QUALIFICATIONS & DOCUMENTATION

CAMERON VIEHMAN

HTL (ASCP)

CERTIFIED HISTOTECHNOLOGIST



EXPERIENCED

Proven expertise in
histology services



TRUSTED

Committed to accuracy,
quality & compliance



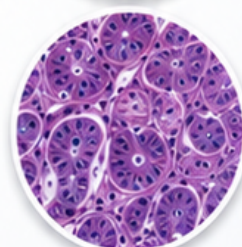
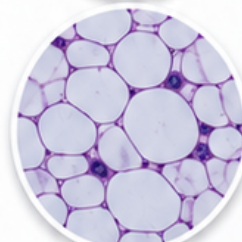
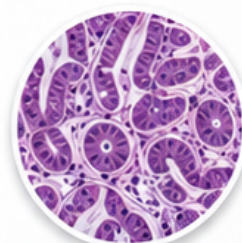
PROFESSIONAL

Dedicated to client
partnership & support



CERTIFIED

ASCP certified
histotechnologist



PRECISION. RELIABILITY. RESULTS.

DELIVERING QUALITY HISTOLOGY SOLUTIONS.

Cameron S. Viehman HTL (ASCP)

Wilmington, NC 28405 | 910.508.5939 | Cameron.Viehman@gmail.com | [linkedin.com/in/cameronviehman](https://www.linkedin.com/in/cameronviehman)

Histotechnologist

Key Skills & Attributes

Histotechnology	CLIA/CAP Safety & Procedures	Teamwork
Business Skills	Time Management	Interpersonal Skills
Communication Skills	Medical/Clerical Skills	Ownership of Responsibilities

Professional Experience

JUPITER MEDICAL CENTER | Jupiter, FL 2024 – 2025

HTL-ASCP Certified Histotechnologist – Anatomic and Molecular Pathology

Embed, cut, and prepare tissue for microscopic slides in hospital pathology laboratory.

- Prepare high quality efficient paraffin sections for microscopic analysis using:
 - H&E, Immunohistochemistry, and special stains.
- Prepare high quality efficient surgical frozen tissue specimens for microscopic analysis using H&E staining.
 - Consistently meet and exceed College of American Pathologists (CAP) turn-around-time guideline.
- Correlation of physician requests with specimen preparation and processing.

NOVANT HEALTH NEW HANOVER MEDICAL CENTER | Wilmington, NC 2023 – 2024

HTL-ASCP Certified Histotechnologist – Anatomic and Molecular Pathology

Embed, cut, and prepare tissue for microscopic slides in hospital pathology laboratory.

- Prepare high quality efficient paraffin sections for microscopic analysis using:
- Prepare high quality efficient surgical frozen tissue specimens for microscopic analysis using H&E staining.
- Correlation of physician requests with specimen preparation and processing.

SEACOAST SKIN SURGERY | Wilmington, NC 2015 – 2026

Certified Histotechnologist for Mohs Micrographic Surgery

V-PRIME LLC | Wilmington, NC 2017 – 2019

President- Internet Sales, Imports, & Real Estate

Importing of various goods from China for national distribution and sales on Amazon.

- Successfully imported & sold party disposables against competition on Amazon.

Education

CAROLINA COLLEGE OF HEALTH SCIENCES | Charlotte, NC
Certificate of Histotechnology – HTL-ASCP Certified #8532

UNIVERSITY OF NORTH CAROLINA - WILMINGTON (UNCW) | Wilmington, NC
Bachelor of Arts in Communication Studies/Business Minor (BACS) 2021

CAPE FEAR COMMUNITY COLLEGE | Wilmington, NC
Associate in Arts Plus 34 credits in Biology & Chemistry 2022



ASCP
BOARD OF
CERTIFICATION®

Hereby Certifies That

Cameron Viehman, HTL(ASCP)^{CM}

Having Successfully Fulfilled the Requirements is Certified as a

Histotechnologist

Valid May 22, 2023 through May 31, 2026

Susan Graham

Chair, ASCP Board of Certification



ASCP
BOARD OF
CERTIFICATION®



NATIONAL SOCIETY FOR
HISTOTECHNOLOGY
Connecting. Empowering. Innovating.

My Profile and Membership



Cameron Viehman

[Edit My Profile](#)

Customer ID: 25808541
Membership Active Through: 12/31/2026

Current Upgrades:

[Unlimited CE Package](#)

[Manage Upgrades](#)

[Manage Auto Renewal Preferences](#)

Virtual Membership ID Card



2026 ASCP Member

ID: 25808541

Cameron Viehman

Membership valid through: December 2026

Certification	Cert. #	Expires
HTL ^{CM}	8532	05/2029

Contact ASCP: 1.800.267.2727 or 312.541.4890

This card is not to be used as primary source verification of BOC certification.

[Print This Card](#)

MOHS MICROGRAPHIC TECHNICIAN
ACCREDITED THROUGH NATIONAL SOCIETY OF HISTOTECHNOLOGY

CERTIFICATE OF TRAINING
Sea Coast Skin Surgery • Greg E. Viehman, M.D.

Cameron Viehman

This certifies that the above named individual has successfully
completed a training in

Mohs Micrographic Technology
18 CEU Hours

Given this 9th day of June, 2016


Walker Brown
Instructor, Beck Consulting




BC-1925

The University of North Carolina at Wilmington



To whomsoever these presents may come

Greeting

We it known that on the recommendation of the Faculty, the Trustees of the University
by virtue of the authority vested in them do hereby confer upon

Cameron Scott Viehman

the degree of

Bachelor of Arts

Communication Studies

with all the rights and privileges thereunto appertaining

In witness whereof and as evidence that all requirements prescribed for the degree
have been fulfilled this Diploma is granted at Wilmington on the
eighth day of May, two thousand twenty-one.


Chairman Board of Governors University of North Carolina


President University of North Carolina


Chairman Board of Trustees


Chairman

Carolinas Medical Center's Carolinas College of Health Sciences



By virtue of the authority vested in it and by recommendation
of the Faculty, the Board of Directors has conferred upon

Cameron S. Viehman

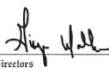
a Certificate in

Certificate in Histotechnology

with all the honors, rights and privileges thereunto appertaining.

In testimony whereof, the undersigned have affixed their signatures given at
Charlotte, North Carolina, on the 25th day of April, 2023.

Summa Cum Laude


Chair, Board of Directors


President


Provost



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/28/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CM&F Group 5 Bryant Park, 4th Floor New York, NY 10018	CONTACT NAME: CM&F Group PHONE (A/C, No, Ext): 1-800-221-4904 E-MAIL: info@cmfgroup.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: MEDICAL PROTECTIVE COMPANY- MPC INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 11843
INSURED cameron viehman		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			VM0710	08/12/2026	08/12/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			VM0710	08/12/2026	08/12/2027	Per Incident 1,000,000 Aggregate 6,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Occurrence Coverage
Histologic Technologist

CERTIFICATE HOLDER

cameron viehman
600 silver grass ct
wilmington, NC 28405

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/28/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CM&F Group 5 Bryant Park, 4th Floor New York, NY 10018	CONTACT NAME: CM&F Group	
	PHONE (A/C, No, Ext): 1-800-221-4904	FAX (A/C, No):
INSURED cameron viehman	E-MAIL ADDRESS: info@cmfgroup.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: MEDICAL PROTECTIVE COMPANY- MPC	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X	VM0710	08/12/2026	08/12/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED: RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐	N/A			PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	X	VM0710	08/12/2026	08/12/2027	Per Incident 1,000,000 Aggregate 6,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Occurrence Coverage
Histologic TechnologistAdditional Insured for the Type(s) of Insurance marked with an "X" above:
CryoStat Solutions LLC
600 Silver Grass Ct
wilmington, North Carolina 28405**CERTIFICATE HOLDER**CryoStat Solutions LLC
600 Silver Grass Ct
wilmington, North Carolina 28405**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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