

**ABBREVIATED C.V. FOR PROSPECTIVE EXAMINATION COMMITTEE  
MEMBERS OF THE ASCP BOARD OF CERTIFICATION**

1. Name \_\_\_\_\_

2. Work Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
FAX Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

4. Education:

Institution	Degree/Training	Dates
_____		
_____		
_____		

5. Current Employment Status:

( ) Full-time                      ( ) Part-time                      ( ) Not Employed

( ) Consultant – (*describe*) \_\_\_\_\_

( ) Other – (*describe*) \_\_\_\_\_

Employer:	Title:	Dates
_____		
_____		

6. Previous Employment (*Last 5 years*)

Employer:

Title:

Dates:

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7. Does your institution offer an accredited Medical Laboratory Science Program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes list all that apply.

CT \_\_\_\_\_ HT \_\_\_\_\_ MLT/CLT \_\_\_\_\_  
CG \_\_\_\_\_ PBT \_\_\_\_\_ SBB \_\_\_\_\_  
PA \_\_\_\_\_ HTL \_\_\_\_\_ MB \_\_\_\_\_  
MLS/MT/CLS \_\_\_\_\_

8. Professional Certification: Category Number OR Year

ASCP \_\_\_\_\_  
Other \_\_\_\_\_  
(specify)

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9. Professional Society Membership:

ASCP Registrant Member: Yes \_\_\_\_\_ No \_\_\_\_\_

ASCP Member: Yes \_\_\_\_\_ No \_\_\_\_\_

Other Membership, (specify) \_\_\_\_\_

10. Professional Activities (*State and National Only*)

Organization	Position	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Have you had any previous involvement in certification activities? If yes, please list.

\_\_\_\_\_

\_\_\_\_\_

12. Listed below are the examination committees of the BOC. Please check those on which you would prefer to work.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Blood Bank        | <input type="checkbox"/> Chemistry        | <input type="checkbox"/> Cytotechnology           |
| <input type="checkbox"/> Hematology        | <input type="checkbox"/> Histology        | <input type="checkbox"/> Laboratory Informatics   |
| <input type="checkbox"/> Management/Safety | <input type="checkbox"/> Microbiology     | <input type="checkbox"/> Phlebotomy               |
| <input type="checkbox"/> Molecular Biology | <input type="checkbox"/> Joint Generalist | <input type="checkbox"/> Pathologists' Assistants |
| <input type="checkbox"/> Cytogenetics      |   |   |

13. All committee members must fulfill their assigned obligations and responsibilities by attending meetings and carrying out all assigned tasks on a timely basis.

- a) Examination committees regularly meet 1-5 days each year with preparatory work prior to the meeting. Additionally, there may be conference calls or other assignments.

Do you have an adequate amount of time to participate?

Yes                       No

b) The Board of Certification will reimburse your expenses to attend meetings. Will your employer support your involvement with the Board by providing time away from work?

\_\_\_\_\_Yes

\_\_\_\_\_No

#### 14. Candidate's Statement

In order to complete your nomination information, the Board of Certification requests that you submit a written statement which includes: what you feel your most significant contribution to the Board of Certification will be? (*If necessary, attach an additional sheet.*)

15. Please read the following **BOC Conflict of Interest and Confidentiality Policy** and complete the *Conflict of Interest and Confidentiality Policy Acceptance Form* and the *Disclosure Statement*.

## **Board of Certification Conflict of Interest and Confidentiality Policy**

- 06.01 Definition
- A. Conflict of Interest  
A conflict of interest occurs whenever an individual has a direct or indirect interest, financial or otherwise in the outcome of any transaction or matter involving the BOC. A conflict of interest also occurs whenever an individual has a relationship with other parties to the transaction or matter such that the relationship might reasonably be expected to affect the judgment of the individual in the particular transaction or matter in a manner adverse to the BOC.
  - B. Confidentiality  
All information pertaining to an individual's application, individual scores, item banks, contents of examinations, and any other items pertaining to the processing of applications, preparation of examinations or scoring of examination are confidential.
- 06.02 Disclosure Statement – Conflict of Interest
- A. All members of the BOG and Committees, consultants, guests, staff and other volunteers are required to sign a disclosure statement of potential conflict of interest as described in Procedure 05.00.
  - B. If a conflict of interest arises in connection with the activities of any deliberative units within the BOC, the conflict should be disclosed to the other members of the body and the individual should abstain from voting on the matter at issue.
  - C. Activities with professional associations, accrediting or certifying agencies, consulting firms, or commercial entities relating to certification of medical laboratory personnel should be evaluated for potential conflict of interest by the Executive Director of the BOC prior to making arrangements to attend a BOC meeting.
  - D. No member or employee of the BOC may participate in any activity, either as a volunteer or for pay, in which there may be a conflict of interest with any activity or responsibility of the BOC.
    - 1. It is essential that the BOC maintain a clear separation of its activities from the accreditation of education and training programs. Therefore, members and employees of the BOC should carefully avoid any participation in the policy making aspects of accreditation of education and training programs.
    - 2. BOG and Committee members, consultants, guests, other volunteers and employees of the BOC should not participate in policy making activities related to laboratory sciences outside of the BOC. These include:
      - a. Participation in other certification committees and/or processes
      - b. Certification or review preparation courses, practice tests, study guides
      - c. Authorship (including editing) of review guides, practice tests, study guides
      - d. Mock Board reviews
    - 3. Any exceptions to the above must be approved by the Executive Committee
    - 4. A member or employee of the BOC may participate in such activities only as an official representative of the BOC.
  - E. Individuals who are members of an Examination Committee are not eligible to sit for that committee's examination or qualification until one year after completion of committee service.
- 06.03 Confidentiality Statement
- A. All members of the BOG, R&D and Examination Committees, consultants, guests and other volunteers are required to sign a confidentiality statement prior to making arrangements to attend a BOC meeting.
  - B. Guests are required to sign a Conflict of Interest and Confidentiality Policy Acceptance Form prior to attending the committee meeting.
  - C. All employees of the BOC are required to sign this acceptance form at commencement of their employment.
  - D. Confidential information as defined in 06.01 B may be disclosed only with the permission of the Chair of the Board of Governors or upon approval of legal counsel.

**Board of Certification  
Conflict of Interest and Confidentiality Policy  
Acceptance Form**

**Name:** \_\_\_\_\_

**BOC Affiliation:** \_\_\_\_\_  
(i.e. Member of the BOC Board of Governors, Member of Hematology Examination Committee, etc)

I have read the **ASCP Board of Certification Conflict of Interest and Confidentiality Policy** dated 01/10 and agree to abide by the terms of the policy.

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Board of Certification Disclosure Statement

**Print Name:** \_\_\_\_\_

**BOC Affiliation:** \_\_\_\_\_  
(i.e. Member of the BOC Board of Governors, Member of Hematology Examination Committee, etc)

Describe the actual or potential conflict of interest with your activities on behalf of ASCP Board of Certification.

I have read the Conflict of Interest portion (06.02) of the Conflict of Interest and Confidentiality Policy of the ASCP Board of Certification dated 01/10 and agree to abide by the terms of the Policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_