ASCP BOARD OF CERTIFICATION®

ABBREVIATED CV FOR ASCP BOARD OF CERTIFICATION PROSPECTIVE EXAMINATION COMMITTEE MEMBERS CALL FOR VOLUNTEERS

Please email the completed and signed form to Kristin Blake at kristin.blake@ascp.org

Name_____

Work Address: Home Address:

_____ _____

_____ _____

_____ _____

Work Phone_____ Home Phone_____

E-mail Address _____

1. Education:

   Institution: Degree/Training: Dates:

   _____

   _____

   _____

2. Current Employment Status:

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

   ( ) Consultant – (*describe*) _____

Current Employer: Title: Dates:

_____

_____

3. Previous Employment: (*Last 5 years*)

Employer: Title: Dates:

_____

_____

_____

_____

4. Does your institution offer any of the following accredited programs? *Check all that apply*.

CG _____ CLA/MLA_____ CT _____ HT _____ HTL _____

MB _____ MLS/MT/CLS _____ MLT/CLT _____ PA _____

PBT _____ SBB _____

5. Professional Certification:

	Category	Number OR Year	Participate in CMP?
ASCP BOC	_____	_____	_____
ASCP BOC	_____	_____	_____
ASCP BOC	_____	_____	_____

Other _____
(*specify*)

6. Professional Society Membership:

_____

_____

7. Professional Activities: (*State and National Only*)

Organization	Position	Year

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

   _____

   _____

9. Listed below are the BOC Examination Committees and Work Groups.
   Please check those on which you would prefer to work:

_____Apheresis	_____Blood Banking	_____Clinical Chemistry
_____Cytogenetics	_____Cytometry	_____Cytotechnology
_____Hematology	_____Histology/IHC	_____ Informatics
_____Management	_____Med. Lab Assistant	_____Microbiology
_____Molecular Biology	_____Path. Assistants	_____Phlebotomy
_____Safety		

10. 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

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

11. 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.)*

12. 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*.

BOC Conflict of Interest & 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/work sample projects 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 Examination 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/Qualification Work Group 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, Examination Committees, Qualification Work Groups, consultants, guests and other volunteers are required to sign a confidentiality statement annually prior to making arrangements to attend a BOC meeting (face-to-face or conference call if applicable).

B. Guests are required to sign a Conflict of Interest and Confidentiality Policy Acceptance Form prior to attending the committee/qualification work group 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.

E. All international advisors who receive personal applicant information from the BOC are required to sign a confidentiality statement at the commencement of their association with the BOC.

(Policy Revised 4/13)

Board of Certification
Conflict of Interest and Confidentiality Policy
Acceptance Form

Print Name:_____

BOC Affiliation:_____
(e.g., Potential Volunteer, Hematology Exam Committee Guest, etc.)

I have read the **ASCP Board of Certification Conflict of Interest and Confidentiality Policy** dated 4/13 and agree to abide by the terms of the policy.

Signature:_____**Date:** _____

Board of Certification
Conflict of Interest Disclosure Statement

Print Name:_____

BOC Affiliation:_____
(e.g., Potential Volunteer, Hematology Exam Committee Guest, etc.)

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

Please write "None" if there is no conflict of interest.

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 04/13 and agree to abide by the terms of the Policy.

Signature:_____**Date:** _____

Please note: All BOC volunteers must sign and return this statement.