



American Society for
Clinical Pathology
Board of Registry

ASCP Member CMP Fee Voucher

(BOR Certified \$79 Category)

First Name _____ MI _____

Last Name _____

Social Security Number _____

Home or Work Address _____

City _____ St/Prov _____ Postal Code _____

Daytime Phone _____ Fax _____

Email _____

ASCP ID# _____ Certification Category _____ Certification# _____

To be eligible to have your CMP fee paid as a member benefit, you must meet the following requirements:

- Have paid your **current** \$79 Member dues and have been an ASCP Member at the \$79 rate for at least three consecutive years.
- Completed the required number of points for the Certification Maintenance Program.

Instructions

If you wish to participate in the Certification Maintenance Program, mail this form along with the completed Board of Registry CMP Declaration Form to ASCP Board of Registry, 33 West Monroe Street, Suite 1600, Chicago, IL 60603-5617. (The Declaration Form is available at www.ascp.org/certification/cmp.) If you have met the requirements listed above, your CMP fee will be paid by the Society.