



American Society for
Clinical Pathology

ASCP Member CMP Fee Voucher

(Registrant Category does not qualify for Voucher)

First Name _____ MI _____

Last Name _____

Social Security Number _____

Home or Work Address _____

City _____ St/Prov _____ Postal Code _____

Daytime Phone _____ Fax _____

Email _____

ASCP Member 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 ASCP Member** dues and have been an active ASCP Member at this 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 Certification CMP Declaration Form to ASCP Board of Certification, 33 West Monroe Street, Suite 1600, Chicago, IL 60603-5617. (The Declaration Form is available at www.ascp.org/cmp.) If you have met the requirements listed above, your CMP fee will be paid by the Society.

*CMP fee voucher is only valid through December 31, 2010.