

International Laboratory Professional Membership Application Form

Professional Experience

1. Title

(Circle one)

What is your primary position or title?

- 07 Assistant or Associate or Full Professor
- 08 Tech Admin Lab Dir/Asst Dir
- 09 Chief/Asst Chief Tech/Admin Tech
- 10 Manager/Assistant Manager
- 11 Dept Supv/Section Supv/Asst Supv
- 13 Program Director/Education Coordinator
- 14 Instructor or other Educator
- 15 Technologist (non-supervisory)
- 16 Technician (MLT/Histologic/Phlebotomy)
- 17 Consultant
- 18 Other
- 19 Retired
- 20 Not employed
- 21 Pathologists Assistant

2. Responsibility

(Circle one)

What is your primary area of responsibility or interest?

- 01 General Pathology
- 02 Anatomic Pathology
- 03 Clinical Pathology
- 04 Administration/Management
- 09 Hematology/Coagulation
- 10 Transfusion Medicine/Blood Bank
- 15 Generalist/all areas-Tech/Technician
- 16 Chemistry/Body Fluids/Toxicology
- 17 Information Systems
- 18 Cytology
- 19 Education
- 20 Histology/Electron Microscopy
- 21 Immunology/Serology
- 22 Microbiology/Mycology/Parasitology/Virology
- 23 Quality Control/Quality Assurance/Stats
- 24 Sales/Marketing
- 25 Technical Support
- 26 Phlebotomy
- 27 Other

3. Place

(Circle one)

Where is your primary place of employment?

- 01 Hospital: 500 or more beds
- 02 Hospital: 300-499 beds
- 03 Hospital: 100-299 beds
- 04 Hospital: less than 100 beds
- 05 Several small hospitals
- 06 Independent Reference Lab
- 10 MD Office Practice
- 11 Clinic/Outpatient
- 18 Other

Have you ever applied for membership or been a member of the ASCP? Yes No

If yes, type of membership:

Date (if available):

Certification of Membership

To the best of my knowledge, the information I have provided in this membership application is accurate. I agree to hold the American Society for Clinical Pathology, its members, officers and representatives free from any damage or complaint by reason of any action they may take in connection with this application.

Signature:

Date: