

# International Laboratory Student Membership Application Form

(For individuals residing in a country other than the United States or Canada)

## Eligibility

You can apply for membership as an ASCP International Laboratory Student if you intend to meet the ASCP<sup>i</sup> Board of Registry eligibility requirements for certification and you have been accepted or are currently enrolled in a Medical Laboratory Program that has been accredited or approved by the appropriate regulatory body or Ministry for your country. Applicants in countries without an existing system of accreditation must have their membership approved by the ASCP Commission on Membership.

You may retain ASCP International Laboratory Student membership until you become certified by the ASCP<sup>i</sup> Board of Registry and are eligible to join the ASCP International Member category. *(Please note: Your ASCP International Laboratory Student membership is not to exceed 5 years from the date of application.)* **This application must be signed by your program director, education coordinator, medical director or college advisor. Applications with missing signatures will not be accepted.** Please complete all sections of this application.

**Annual Dues** ..... **Free**  
(Membership includes access to labmedicine.com and ajcp.com)

## After you've completed this application...

### Mail completed application to:

ASCP Membership Services  
33 West Monroe St., Suite 1600  
Chicago, IL 60603-5617 USA;  
or

### FAX completed application to:

ASCP Membership Services  
1.312.541.4767

For questions about membership, please contact ASCP Membership Services at 800.267.2727, option 2 (USA & Canada), 1.312.541.4890, option 2 (International), or Membership@ascp.org

### Application check list...did you:

- Complete the entire membership application?
- Sign the completed application?

## Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Birth Date (MM/DD/YYYY) : \_\_\_\_\_

(Please check preferred mailing address)

<input type="checkbox"/> Home Address	<input type="checkbox"/> Office or Institution Address
_____	_____
_____	_____
_____	_____

Phone (including country code): \_\_\_\_\_ Phone (including country code): \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

FAX (including country code): \_\_\_\_\_ FAX (including country code): \_\_\_\_\_

## Education

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Degree Year \_\_\_\_\_

## Academic Training

Please check the type of laboratory science program in which you are currently enrolled:

- Medical Laboratory Technician
- Medical Technologist
- Molecular Pathology Technologist
- University/College Science Program  
[biology] [chemistry] [microbiology] [general science] (Circle one)
- Other (Please describe)

Program Name: \_\_\_\_\_

Beginning Date of Program: \_\_\_\_\_

End Date of Program: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

Phone (including country code): \_\_\_\_\_

## Verification

I hereby verify that the person listed on the front of this application is currently enrolled in a regionally accredited college/university science program or a laboratory science program approved by a governing regulatory association or ministry.

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

Title: \_\_\_\_\_

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

## 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 and 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: \_\_\_\_\_

**The mission of the American Society for Clinical Pathology is to provide excellence in education, certification, and advocacy on behalf of patients, pathologists, and laboratory professionals.**