

International Physician Membership Application Form

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

Board Certification (Please submit documentation)

Board Certification: _____

Date of Certification: _____

Professional Experience

1. What is your primary position or title?

(Circle one)

- 01 Medical Laboratory Director
- 02 Assistant Medical Laboratory Director
- 04 Section or Department Director
- 05 Staff Pathologist
- 06 Resident in Pathology
- 07 Assistant or Associate or Full Professor
- 08 Other
- 09 Retired
- 13 Residency Program Director
- 17 Consultant

2. What is your primary area of responsibility or interest?

- 01 General Pathology
- 02 Anatomic Pathology
- 03 Clinical Pathology
- 04 Administration/Management
- 06 Cytopathology
- 07 Dermatopathology
- 08 Forensic Pathology
- 09 Hematology/Coagulation
- 10 Transfusion Medicine/Blood Bank
- 27 Other

3. Where is your primary place of employment?

(Circle one)

- 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
- 08 Other
- 14 Medical School

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

If yes, type of membership: _____

Membership number: _____

ASCP Membership Tenets

Acceptance, Continuance and Dismissal

1. All applicants and members must hold a license and/or certificate in good standing as relevant to membership category.
2. All applicants and members must subscribe to and abide by the ASCP Guidelines for Ethical Behavior.
3. Physician applicants and members must subscribe to and abide by the AMA Principles of Medical Ethics.
4. Physician applicants agree to authorize the ASCP to make inquiries to the National Practitioner Data Bank.
5. All applicants under indictment for a felony will be deferred for membership consideration until the matter is resolved.
6. Persons convicted of a felony are ineligible for membership.

ASCP Guidelines for Ethical Behavior for Pathologists

1. Pathologists should create and maintain an environment in which the operation of pathology laboratory services promotes the best interest of patients served.
2. Pathologists should foster prudent use of pathology laboratory resources and services.
3. Pathologists should be the patient's advocate for quality pathology laboratory services in a cost effective manner.
4. Pathologists should assume a leadership role in the appropriate

allocation of pathology resources.

5. With regard to laboratory information and within the limits of the law, pathologists should hold as confidential the patient information entrusted to them including the results of pathology laboratory measurements and examinations; may permit patient access to results and/or interpretation of pathology laboratory measurements and examinations conducted on their specimens; should release pathology laboratory measurements and examinations results to third parties as authorized by the patient.
6. Pathologists in a consulting relationship with other physicians should communicate directly to such other physician(s).
7. Pathologists may offer individuals direct access to pathology laboratory services and should provide appropriate translation and interpretation of the results, within the limits of the law.
8. Pathologists should ensure the measurement and examination of proficiency test samples in the same manner as patients' specimens with blind accessioning/processing within the limitations of the specimens submitted.
9. Pathologists should foster within the limits of the law the collection, processing and effective use of tissues and organs for scientific and therapeutic purposes (i.e., transplantation).
10. All applicants and members must act in a manner that promotes the best interest of ASCP, and fosters a positive image of the practice of pathology and laboratory medicine.

Certification of Membership

To the best of my knowledge, the information I have provided in this membership application is accurate. I authorize the release of information relevant for my membership in the American Society for Clinical Pathology by the National Practitioner Data Bank, any licensing authority, hospital, medical society, or any other person or organization. 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.

I have read the ASCP membership tenets and guidelines for ethical behavior and if approved for membership agree to subscribe to and abide by them.

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.