



ASCP Member Lifetime Achievement Award Nomination Form

Part A. Background Information Nominee must be an Associate or Clinical Scientist member of ASCP actively engaged in one or more of laboratory operations, research, management/supervision or education.

Name of Nominee: _____

ASCP ID # (if available): _____

Title: _____

Education: _____

Certification Category(ies): _____

Work History

Current _____

Past _____

The information requested below is extremely important to the recipient selection process.

Part B. 2-3 Letters of Support (from a pathologist, laboratory administrator or manager, immediate supervisor, student, graduate, faculty member, and/or peer) should include:

1. Examples of the nominee’s outstanding commitment to the profession through long-standing contributions to the advancement of the profession.
2. Demonstrated participation in leadership roles and support of ASCP mission.
3. Instances where the nominee has been a source of inspiration to those with whom you have interrelated and your activities have benefited the community at large.

Part C. Additional Information should include:

1. ASCP and ASCP Associate activities over the nominee’s lifetime.
2. Awards and/or formal recognition in the field of laboratory medicine.
3. Curriculum Vitae (CV) *If possible, Submit a CV which details publications, teaching activities, workshops, presentations, and continuing education. If a CV is not available, please list examples of each on a separate sheet.*

Nominator Name: _____
(your name)

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail: _____

**Return this nomination form, letters of support
and any additional information to:**

***For consideration for a 2010 award,
please submit by March 12, 2010***

ASCP Awards Chair
c/o Lucy Beck, ASCP
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Chicago, IL 60603
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