

**ASCP Member Lifetime Achievement Award  
Nomination Form**

Please complete each part thoroughly.

**Part A. Background Information**

Name of Nominee \_\_\_\_\_ ASCP ID # \_\_\_\_\_

*Nominee must be a Member of ASCP actively engaged in one or more of laboratory operations, research, management/supervision or education.*

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 Member activities over the nominee's lifetime.
2. Awards and/or formal recognition in the field of laboratory medicine.
3. *Curriculum Vitae (CV)*  
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 \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

**Return this nomination form, letters of support, and any additional information by October 1, 2008 to:  
ASCP Awards Chair, ASCP, 33 West Monroe St. , Suite 1600, Chicago, IL 60603 or email to [Eileen.Cwiertniak@ascp.org](mailto:Eileen.Cwiertniak@ascp.org)**