

The ASCP Mastership designation serves to honor those distinguished ASCP members who have made significant contributions to the field of pathology and laboratory medicine and to the ASCP. Those individuals to be considered for the award must have been a Fellow or Member in good standing for at least 10 years.

Nominee Name:

Name of Nominee: _____
Title: _____
City, State _____

For consideration, please forward:

1. Two letters of support for the nominee. The letters should include information such as:
 - a. Examples of the nominee's outstanding commitment to the profession through contributions to the advancement of the profession.
 - b. Demonstrated participation in leadership roles and support of the ASCP mission.
 - c. Instances where the nominee has been a source of inspiration to those with whom he/she has interacted and how his/her activities have benefited the community at large.
2. Nominee's curriculum vitae

Your Name: _____
Address: _____
Phone Number: _____ E-mail: _____

Return this nomination form and any additional information to:
ASCP Awards Chair, c/o Lucy Beck, ASCP, 33 West Monroe St., Suite 1600, Chicago, IL 60603
E-mail: lucy.beck@ascp.org Fax: 312.541.4767

Note: Current members of the ASCP Board of Directors, Board of Registry Board of Governors, and/or members of the ASCP Awards Committee are not eligible for this nomination. Individuals may not self-nominate nor be involved in the nomination process.