



**Requirements**

If you are interested in applying,  
please provide:

1. A completed application form.
2. Your ASCP Resident member #.
3. Current CV.
4. A letter of intent stating interest in health policy and/or issues related to the future of pathology and laboratory medicine (no more than 500 words).
5. Your Program Director's signature.

For questions, please email  
[betty.sanders@ascp.org](mailto:betty.sanders@ascp.org)

**After you've completed this application:**

Mail or fax entire application to:  
American Society for Clinical Pathology  
Resident Council 2010 "Day on the Hill"  
c/o Membership  
33 W. Monroe St, Suite 1600  
Chicago, IL 60603-5617 or  
FAX: 312.541.4767

**Deadline: February 3, 2010**

Last Name:

First Name:

Middle Initial:

Address:

Phone:

Email:

Program Director's Name:

Institution Name:

Institution Address:

Program Director's Signature:

Applicant's Signature:

Date:

ASCP Membership Number:



**Application Check List:**

- Completed Application Form
- ASCP membership #
- CV
- Letter of Intent
- Approval signature from Residency Program Director