



**STRONGERTOGETHER**

## ASCP Mastership Nomination Form

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. Eligibility is based on years of ASCP membership, significant career accomplishments, and contributions to the Society and to the profession. To be considered an individual must have been a Fellow or Member in good standing for at least 10 years\*.

\*Current members of the ASCP Board of Directors, Board of Certification 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.

### 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 inter-related 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:

Mail: ASCP Awards Chair, c/o Board Relations Manager, ASCP, 33 West Monroe St., Suite 1600, Chicago, IL 60603

E-mail: [ASCPNominations@ascp.org](mailto:ASCPNominations@ascp.org)

Fax: 312.541.4767

**For consideration in 2015, please submit nominations by March 1, 2015**