

Physician Membership Application Form

Eligibility

Fellow \$329

Licensed physician, certified in anatomic pathology, clinical pathology, or pathology subspecialty by the American Board of Pathology or equivalent certifying body and practicing in the United States or Canada.

Medical Affiliate \$176

Licensed physician, practicing in the United States or Canada, whose interests parallel those of the Society and who is not eligible for membership as a Fellow.

(Membership includes subscriptions to *AJCP* and *LABMEDICINE™* plus access to ajcp.com and labmedicine.com)

Method of Payment:

Check (*Make payable to ASCP*)

Credit Card: Visa MasterCard AMEX

Account Number: _____

Signature: _____ Exp. Date: _____

Mail completed application to:

ASCP Membership Services
33 West Monroe, Suite 1600
Chicago, IL 60603-5617; or

FAX completed application to:

ASCP Membership Services 312.541.4767

For questions about membership, please contact ASCP Membership Services at 800.267.2727, option 2 (U.S. and Canada), 312.541.4950, option 2 (International), or Membership@ascp.org

The ASCP is an educational and charitable organization. Although your membership dues are not deductible as a charitable contribution, they may be deductible as a business expense. Consult your tax advisor.

Application check list...did you:

- Complete the entire membership application?
- Sign the completed application?
- Enclose dues payment?

Contact Information:

1. Last Name: _____ First Name: _____ Middle Name: _____

2. Birth Date (*MM/DD/YYYY*): _____

(Please check preferred mailing address)

Office or Institution Address

Home Address

Phone _____ Phone _____

Email _____ Email _____

FAX _____ FAX _____

Education

Medical and Advanced Academic Degree(s)

MD DO PhD Other: _____

Are you currently enrolled in a post-graduate pathology fellowship program? If so, please provide program name, city and state, director and dates.

Fellowship Program _____ City/State _____ Director _____ From (MM/YY) _____ To (MM/YY) _____

Board Certification

American Board of Pathology

- Anatomic Pathology Date (MM/DD/YYYY): _____
- Clinical Pathology Date (MM/DD/YYYY): _____
- Combined AP/CP Date (MM/DD/YYYY): _____

Other Specialities: _____

Other Certification (Please submit documentation)

- American Osteopathic Board of Pathology
- Royal College of Physicians and Surgeons of Canada
- Other: _____

Professional Experience

1. What is your primary position or title? (Circle one)

- 01 Medical Laboratory Director
- 02 Assistant Medical Laboratory Director
- 04 Section or Department Director
- 05 Staff Pathologist
- 06 Resident in Pathology
- 07 Assistant or Associate or Full Professor
- 08 Other
- 09 Retired
- 13 Residency Program Director
- 17 Consultant

2. What is your primary area of responsibility or interest?

- 01 General Pathology
- 02 Anatomic Pathology
- 03 Clinical Pathology
- 04 Administration/Management
- 06 Cytopathology
- 07 Dermatopathology
- 08 Forensic Pathology
- 09 Hematology/Coagulation
- 10 Transfusion Medicine/Blood Bank
- 27 Other

3. Where is your primary place of employment? (Circle one)

- 01 Hospital: 500 or more beds
- 02 Hospital: 300–499 beds
- 03 Hospital: 100–299 beds
- 04 Hospital: less than 100 beds
- 05 Several small hospitals
- 06 Independent Reference Lab
- 08 Other
- 14 Medical School

Have you been certified within the past year by the ABP? Yes No

If yes, you are eligible to participate in the ‘step up’ dues program which offers a membership rate of \$110 for the first year, \$220 for the second year of membership, and then \$329 annually.

4. Have you ever applied for membership or been a member of the ASCP? Yes No

If yes, type of membership: _____ Membership number: _____

ASCP Membership Tenets

Acceptance, Continuance and Dismissal

1. All applicants and members must hold a license and/or certificate in good standing as relevant to membership category.
2. All applicants and members must subscribe to and abide by the ASCP Guidelines for Ethical Behavior.
3. Physician applicants and members must subscribe to and abide by the AMA Principles of Medical Ethics.
4. Physician applicants agree to authorize the ASCP to make inquiries to the National Practitioner Data Bank.
5. All applicants under indictment for a felony will be deferred for membership consideration until the matter is resolved.
6. Persons convicted of a felony are ineligible for membership.

ASCP Guidelines for Ethical Behavior for Pathologists

1. Pathologists should create and maintain an environment in which the operation of pathology laboratory services promotes the best interest of patients served.
2. Pathologists should foster prudent use of pathology laboratory resources and services.
3. Pathologists should be the patient's advocate for quality pathology laboratory services in a cost effective manner.
4. Pathologists should assume a leadership role in the appropriate allocation of pathology resources.
5. With regard to laboratory information and within the limits of the law, pathologists should hold as confidential the patient information entrusted to them including the results of pathology laboratory measurements and examinations; may permit patient access to results and/or interpretation of pathology laboratory measurements and examinations conducted on their specimens; should release pathology laboratory measurements and examinations results to third parties as authorized by the patient.
6. Pathologists in a consulting relationship with other physicians should communicate directly to such other physician(s).
7. Pathologists may offer individuals direct access to pathology laboratory services and should provide appropriate translation and interpretation of the results, within the limits of the law.
8. Pathologists should ensure the measurement and examination of proficiency test samples in the same manner as patients' specimens with blind accessioning/processing within the limitations of the specimens submitted.
9. Pathologists should foster within the limits of the law the collection, processing and effective use of tissues and organs for scientific and therapeutic purposes (i.e., transplantation).
10. All applicants and members must act in a manner that promotes the best interest of ASCP, and fosters a positive image of the practice of pathology and laboratory medicine.

American Medical Association Principles of Medical Ethics

- I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
- V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
- VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- IX. A physician shall support access to medical care for all people.

Certification of Membership

To the best of my knowledge, the information I have provided in this membership application is accurate. I authorize the release of information relevant for my membership in the American Society for Clinical Pathology by the National Practitioner Data Bank, any licensing authority, hospital, medical society, or any other person or organization. I agree to hold the American Society for Clinical Pathology, its members, officers and representatives free from any damage or complaint by reason of any action they may take in connection with this application.

I have read the ASCP membership tenets and guidelines for ethical behavior and if approved for membership agree to subscribe to and abide by them.

Signature: _____

Date: _____

The mission of the American Society for Clinical Pathology is to provide excellence in education, certification, and advocacy on behalf of patients, pathologists, and laboratory professionals.