

## VOLUNTEER APPLICATION

For Prospective ASCP Board of Certification Examination Committee and Work Group Volunteers

Please email a current CV or resume, this completed and signed application, and a Candidate Statement (see description on page 3) to Samantha Bass at [samantha.bass@ascp.org](mailto:samantha.bass@ascp.org)

Name (with credentials): \_\_\_\_\_

Work Address:

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone

Home Phone

E-mail Address

### 1. EDUCATION:

Institution:

Degree/Training:

Dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. CURRENT EMPLOYMENT STATUS:

( ) Full-time

( ) Part-time

( ) Retired

( ) Consultant – (describe)

\_\_\_\_\_

Current Employer:

Title:

Dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. PREVIOUS EMPLOYMENT: (LAST 5 YEARS)

Employer:

Title:

Dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. PROFESSIONAL CERTIFICATION:

| Category              | Number OR Year | Do you participate in CMP?<br>If yes, is it required or voluntary? |
|-----------------------|----------------|--------------------------------------------------------------------|
| ASCP BOC _____        | _____          | _____                                                              |
| ASCP BOC _____        | _____          | _____                                                              |
| ASCP BOC _____        | _____          | _____                                                              |
| Other (specify) _____ | _____          | _____                                                              |
| Other (specify) _____ | _____          | _____                                                              |

#### 5. CURRENT PROFESSIONAL ACTIVITIES AND SOCIETY MEMBERSHIPS:

| Organization                                                                        | Position                               | Years (please specify the <b>range of years active</b> ) |
|-------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|
| <i>For example: ASCP, ASCLS-Illinois, ASCLS-National, NSH, AAPA, ASM, AGT, etc.</i> | <i>Member/President/Secretary/etc.</i> | <i>2018 - present</i>                                    |
| _____                                                                               | _____                                  | _____                                                    |
| _____                                                                               | _____                                  | _____                                                    |
| _____                                                                               | _____                                  | _____                                                    |

#### 6. DO YOU HAVE CURRENT OR PREVIOUS INVOLVEMENT WITH CREDENTIALING ACTIVITIES, INCLUDING BUT NOT LIMITED TO: PARTICIPATING IN EXAMINATION COMMITTEES; WRITING OR REVIEWING QUESTIONS FOR EXAMINATIONS, STUDY GUIDES, OR PRACTICE TESTS; OR LEADING EXAMINATION REVIEW COURSES? (IF YES, PLEASE LIST)

| Organization | Role  | Years (please specify the <b>range of years active</b> ) |
|--------------|-------|----------------------------------------------------------|
| _____        | _____ | _____                                                    |
| _____        | _____ | _____                                                    |
| _____        | _____ | _____                                                    |
| _____        | _____ | _____                                                    |

#### 7. ASCP BOC EXAMINATION COMMITTEES AND WORK GROUPS ARE LISTED BELOW. PLEASE CHECK THOSE ON WHICH YOU WOULD PREFER TO VOLUNTEER:

*Please note that certification or qualification in the area(s) checked below is strongly preferred. **Subject matter expertise and current/recent work or teaching experience are required in the selected area(s).***

|                                        |                                                                                |                                                                          |
|----------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Apheresis     | <input type="checkbox"/> Hematology                                            | <input type="checkbox"/> Microbiology                                    |
| <input type="checkbox"/> Biorepository | <input type="checkbox"/> Histotechnology/Immunohistochemistry                  | <input type="checkbox"/> Molecular Biology                               |
| <input type="checkbox"/> Blood Banking | <input type="checkbox"/> Laboratory Management<br>(DLM certification required) | <input type="checkbox"/> Pathologists' Assistants                        |
| <input type="checkbox"/> Chemistry     | <input type="checkbox"/> Laboratory Safety<br>(QLS credential required)        | <input type="checkbox"/> Phlebotomy                                      |
| <input type="checkbox"/> Cytogenetics  | <input type="checkbox"/> Medical Laboratory Assistant                          | <input type="checkbox"/> Program Director's Advisory<br>Committee (PDAC) |
| <input type="checkbox"/> Cytology      | <input type="checkbox"/> Medical Laboratory Immunology                         | <input type="checkbox"/> Research and Development<br>(R&D)               |
| <input type="checkbox"/> Cytometry     |                                                                                |                                                                          |
| <input type="checkbox"/> DCLS          |                                                                                |                                                                          |

**MISSION:** Provide excellence in certification of laboratory professionals on behalf of patients worldwide.

**VISION:** Be the gold standard in global certification for all laboratory professionals.

**8. HOW DID YOU HEAR ABOUT THE OPPORTUNITY TO VOLUNTEER FOR AN ASCP BOC EXAMINATION COMMITTEE OR WORK GROUP?**

\_\_\_\_\_ ASCP BOC website

\_\_\_\_\_ ASCP BOC Facebook post

\_\_\_\_\_ Former/current ASCP BOC examination committee or work group volunteer

Please list their name: \_\_\_\_\_

\_\_\_\_\_ At a professional meeting or conference. Please list conference/meeting name, date, and location:

\_\_\_\_\_ Other – please explain: \_\_\_\_\_

**9. ALL COMMITTEE AND WORK GROUP VOLUNTEERS MUST FULFILL THEIR ASSIGNED OBLIGATIONS AND RESPONSIBILITIES BY ATTENDING MEETINGS AND CARRYING OUT ALL ASSIGNED TASKS ON A TIMELY BASIS.**

- a) Examination committees and work groups regularly meet 1 - 3 days each year with preparatory work prior to the meeting. Additionally, there may be conference calls or other assignments.

Do you have an adequate amount of time to participate?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

- b) The ASCP Board of Certification will reimburse your expenses to attend meetings. Will your employer support your involvement with the Board by providing time away from work?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**10. CANDIDATE STATEMENT**

To complete your application, please submit a written statement that includes what you feel will be your most significant contribution to the ASCP Board of Certification. Please describe your work experience and how it applies to the specific examination committee(s) or work group(s) with which you would prefer to be involved.

Candidate Statement included (please attach additional sheets) \_\_\_\_\_ Yes

**11. PLEASE READ THE FOLLOWING ASCP BOC CONFIDENTIALITY, CONFLICT OF INTEREST, AND IMPARTIALITY POLICY AND COMPLETE THE *CONFIDENTIALITY, CONFLICT OF INTEREST, AND IMPARTIALITY POLICY ACCEPTANCE FORM*.**

## **ASCP BOC CONFIDENTIALITY, CONFLICT OF INTEREST, AND IMPARTIALITY POLICY**

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### **6.01 DEFINITION**

#### **A. CONFLICT OF INTEREST**

A conflict of interest occurs whenever an individual has a direct or indirect interest, financial or otherwise, in the outcome of any transaction or matter involving the BOC. A conflict of interest also occurs whenever an individual has a relationship with other parties to the transaction or matter such that the relationship might reasonably be expected to affect the judgment of the individual in the particular transaction or matter in a manner adverse to the BOC.

#### **B. IMPARTIALITY**

Professional judgment is compromised by bias (actual or perceived), conflict of interest, or the undue influence of others.

#### **C. CONFIDENTIALITY**

All information pertaining to an individual's application, individual scores, item banks, contents of examinations, and any other items pertaining to the processing of applications, preparation of examinations, or scoring of examinations are confidential.

All communication (oral or written) on items under discussion but not approved by the Board of Governors is considered confidential. Information discussed or provided in the Board of Governors' meeting is considered confidential until publicly released.

### **6.02 IMPARTIALITY STATEMENT**

BOC management, employees, and volunteers understand the importance of impartiality and the consideration of any potential conflicts of interest to ensure objectivity in all credentialing activities.

The BOC and related bodies shall act impartially in relation to its applicants and credential holders. Decisions will be made in accordance with established policies and procedures, with fairness and accuracy. Laboratory professional credentialing is based on objective evidence through a fair, valid, and reliable assessment process which is not influenced by other interests or parties. BOC management is committed to identifying and assessing risks in all related BOC activities which may result in a conflict of interest or pose a threat to impartiality.

### **6.03 CONFIDENTIALITY, CONFLICT OF INTEREST, AND IMPARTIALITY POLICY ACCEPTANCE FORM**

- A.** All members of the BOG, Exam Committees/Work Groups, consultants, guests, observers, staff, and other volunteers are required to sign a Confidentiality, Conflict of Interest, and Impartiality Policy Acceptance Form prior to attending any committee/work group meeting (BOC Procedure 5.00).

- B.** All international volunteers who receive personal applicant information from the BOC are required to sign a confidentiality statement at the commencement of their association with the BOC.
- C.** To avoid impartiality (actual or perceived), if a conflict of interest arises in connection with the activities of any deliberative units within the BOC, the conflict should be disclosed to the other members of the body and the individual should abstain from voting on the issue at hand.
- D.** Individuals from professional associations, accrediting or certifying agencies, consulting firms, or commercial entities relating to certification of medical laboratory personnel should be evaluated for potential conflict of interest by the Executive Director of the BOC prior to making arrangements to attend a BOC meeting.
- E.** No volunteer or employee of the BOC may participate in any activity, either as a volunteer or for pay, in which there may be a conflict of interest with any activity or responsibility of the BOC.
  - 1. It is essential that the BOC maintain a clear separation of its activities from the accreditation of education and training programs. Therefore, volunteers and employees of the BOC should carefully avoid any participation in the policy making aspects of accreditation of education and training programs.
  - 2. All employees of the BOC are required to sign a Confidentiality, Conflict of Interest, and Impartiality Policy Acceptance Form annually.
  - 3. BOG and Exam Committee/Work Group members, consultants, guests, observers, other volunteers, and employees of the BOC should not participate in policymaking activities related to laboratory sciences outside of the BOC. These include:
    - a. Participation in other certification committees and/or processes
    - b. Certification or review preparation courses, practice tests, study guides
    - c. Authorship (including editing) of review guides, practice tests, study guides
    - d. Mock Examination reviews
  - 4. Any exceptions to the above must be approved by the Executive Committee.
  - 5. A volunteer or employee of the BOC may participate in such activities only as an official representative of the BOC.
- F.** Confidential information as defined in 06.01-C may be disclosed only with the permission of the Chair of the Board of Governors or upon approval of legal counsel.
- G.** Potential conflict of interest or bias (implicit or conscious) may only become apparent as the work of the BOC develops or personal circumstances change. It is the responsibility of the employee or volunteer to notify the Executive Director of these changes when a perceived conflict of interest may exist.

## **6.04 SITTING FOR A BOC EXAMINATION**

- A.** Individuals who are members of an Examination Committee/Qualification Work Group are not eligible to sit for that committee's examination or qualification until three years after completion of committee service.

- B.** Individuals that are observers or guests of an Examination Committee/Qualification Work Group meeting are not eligible to sit for that committee's examination or qualification until three years have passed following attendance at the meeting.

Employees of the ASCP Board of Certification or vendors who have access to the examination item banks are not eligible to sit for any BOC certification or qualification examination until three years after their access to the examination item banks has been terminated.

(Policy Revised 3/24)

## ACCEPTANCE FORM

### ASCP Board of Certification Confidentiality, Conflict of Interest, and Impartiality Policy

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Print Name: \_\_\_\_\_

ASCP BOC Affiliation: Potential ASCP BOC Volunteer

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I have no actual or potential conflict of interest to declare on behalf of ASCP Board of Certification.

OR

Please describe the actual or potential conflict of interest with your activities on behalf of ASCP Board of Certification.

I have read the Confidentiality, Conflict of Interest, and Impartiality Policy of the ASCP Board of Certification (Policy 6.00) dated 3/24 and agree to abide by the terms of the Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***PLEASE NOTE: ALL ASCP BOC VOLUNTEERS MUST SIGN AND RETURN THIS STATEMENT.***