

# VOLUNTEER APPLICATION

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

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Please email this completed and signed document, as well as a current CV or resume,  
to Eunice Choi at [eunice.choi@ascp.org](mailto:eunice.choi@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

Not Employed

Consultant – (describe) \_\_\_\_\_

Current Employer:

Title:

Dates:

\_\_\_\_\_

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

Employer:

Title:

Dates:

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

**4. ARE YOU CURRENTLY A PROGRAM DIRECTOR FOR ANY OF THE FOLLOWING ACCREDITED OR APPROVED PROGRAMS? (CHECK ALL THAT APPLY)**

CG \_\_\_\_\_ CA/MLA \_\_\_\_\_ CT \_\_\_\_\_ HT \_\_\_\_\_ HTL \_\_\_\_\_ MB/DMS \_\_\_\_\_  
 MLS/MT/CLS \_\_\_\_\_ MLT/CLT \_\_\_\_\_ PA \_\_\_\_\_ PBT \_\_\_\_\_ SBB \_\_\_\_\_

**5. HAVE YOU EVER PREVIOUSLY BEEN A PROGRAM DIRECTOR FOR ANY OF THE FOLLOWING ACCREDITED OR APPROVED PROGRAMS? (CHECK ALL THAT APPLY)**

CG \_\_\_\_\_ CA/MLA \_\_\_\_\_ CT \_\_\_\_\_ HT \_\_\_\_\_ HTL \_\_\_\_\_ MB/DMS \_\_\_\_\_  
 MLS/MT/CLS \_\_\_\_\_ MLT/CLT \_\_\_\_\_ PA \_\_\_\_\_ PBT \_\_\_\_\_ SBB \_\_\_\_\_

**6. PROFESSIONAL CERTIFICATION:**

Category	Number OR Year	Participate in CMP? If yes, is it required or voluntary?
ASCP BOC _____	_____	_____
ASCP BOC _____	_____	_____
ASCP BOC _____	_____	_____
Other (specify) _____	_____	_____

**7. PROFESSIONAL SOCIETY MEMBERSHIP:**

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**8. PROFESSIONAL ACTIVITIES: (STATE AND NATIONAL ONLY)**

Organization:	Position:	Year:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**9. HAVE YOU HAD ANY PREVIOUS INVOLVEMENT IN CERTIFICATION ACTIVITIES? IF YES, PLEASE LIST.**

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**10. LISTED BELOW ARE THE BOC EXAMINATION COMMITTEES AND WORK GROUPS. PLEASE CHECK THOSE ON WHICH YOU WOULD PREFER TO WORK:**

*Please note that certification or qualification in the area(s) checked is strongly preferred.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Apheresis                    | <input type="checkbox"/> Blood Banking | <input type="checkbox"/> Clinical Chemistry                                    |
| <input type="checkbox"/> Cytogenetics                 | <input type="checkbox"/> Cytology      | <input type="checkbox"/> Cytometry   |
| <input type="checkbox"/> Hematology                   | <input type="checkbox"/> Histology/IHC | <input type="checkbox"/> Laboratory Management<br>(DLM certification required) |
| <input type="checkbox"/> Medical Laboratory Assistant | <input type="checkbox"/> Microbiology  | <input type="checkbox"/> Molecular Biology                                     |
| <input type="checkbox"/> Pathologists' Assistants     | <input type="checkbox"/> Phlebotomy    | <input type="checkbox"/> Safety<br>(QLS credential required)                   |

**11. HOW DID YOU HEAR ABOUT THE OPPORTUNITY TO VOLUNTEER FOR A BOC EXAMINATION COMMITTEE OR WORK GROUP?**

- ASCP BOC website
- ASCP BOC Facebook post
- Former/current BOC Exam 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: \_\_\_\_\_

**12. ALL COMMITTEE MEMBERS MUST FULFILL THEIR ASSIGNED OBLIGATIONS AND RESPONSIBILITIES BY ATTENDING MEETINGS AND CARRYING OUT ALL ASSIGNED TASKS ON A TIMELY BASIS.**

- a) Examination committees regularly meet 1-5 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 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

### 13. CANDIDATE'S STATEMENT

In order to complete your nomination information, the Board of Certification requests that you submit a written statement which includes what you feel will be your most significant contribution to the Board of Certification. Please include an explanation of your work experience and how it applies to the specific exam committee(s) or work group(s) in which you would prefer to be involved. *(Please attach an additional sheet.)*

### 14. PLEASE READ THE FOLLOWING [BOC CONFLICT OF INTEREST AND CONFIDENTIALITY POLICY](#) AND COMPLETE THE [CONFLICT OF INTEREST AND CONFIDENTIALITY POLICY ACCEPTANCE FORM](#).

## BOC CONFLICT OF INTEREST & CONFIDENTIALITY POLICY

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### 06.01 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. 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/work sample projects or scoring of examination are confidential.

All communications (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.

### 06.02 CONFLICT OF INTEREST AND CONFIDENTIALITY POLICY ACCEPTANCE FORM

- A. All members of the BOG, Exam Committees/Work Groups, consultants, guests, staff and other volunteers are required to sign a Conflict of Interest and Confidentiality Policy Acceptance Form prior to attending the committee/work group meeting (BOC Procedure 5.00).
- B. All international advisors 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. 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. Activities with 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 member 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, members 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 this acceptance form at commencement of their employment.
  3. BOG and Exam Committee/Work Group members, consultants, guests, other volunteers and employees of the BOC should not participate in policy making 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 member 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 B may be disclosed only with the permission of the Chair of the Board of Governors or upon approval of legal counsel.

### **06.03 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.** 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 9/21)

## ACCEPTANCE FORM

### Board of Certification Conflict of Interest and Confidentiality Policy

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

BOC Affiliation: Potential BOC Volunteer

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 Conflict of Interest and Confidentiality Policy of the ASCP Board of Certification (Policy 06.00) dated 9/21 and agree to abide by the terms of the Policy.

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

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