

VOLUNTEER APPLICATION

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

Please email this completed and signed document, as well as a current full CV or resume,
to Chelsea Pantano at chelsea.pantano@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:

8. PROFESSIONAL ACTIVITIES: (STATE AND NATIONAL ONLY)

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

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

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"/> Cytometry | <input type="checkbox"/> Cytotechnology |
| <input type="checkbox"/> Hematology | <input type="checkbox"/> Histology/IHC | <input type="checkbox"/> Laboratory Management |
| <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"/> Program Director's Advisory |
| <input type="checkbox"/> Safety | | |

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

- ASCP BOC website
- 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 AND THE DISCLOSURE STATEMENT.

BOC CONFLICT OF INTEREST & CONFIDENTIALITY POLICY

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 DISCLOSURE STATEMENT – CONFLICT OF INTEREST

- A.** All members of the BOG and Committees, consultants, guests, staff and other volunteers are required to sign a disclosure statement of potential conflict of interest as described in Procedure 05.00.
- B.** 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 matter at issue.
- C.** 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.
- D.** 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. BOG and Committee 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

3. Any exceptions to the above must be approved by the Executive Committee
 4. A member or employee of the BOC may participate in such activities only as an official representative of the BOC.
- E.** 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.
- F.** 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.

06.03 CONFIDENTIALITY STATEMENT

- A.** All members of the BOG, R&D, Examination Committees, Qualification Work Groups, consultants, guests and other volunteers are required to sign a confidentiality statement annually prior to making arrangements to attend a BOC meeting (face-to-face or conference call if applicable).
- B.** Guests are required to sign a Conflict of Interest and Confidentiality Policy Acceptance Form prior to attending the committee/qualification work group meeting.
- C.** All employees of the BOC are required to sign this acceptance form at commencement of their employment.
- D.** 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.
- E.** 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.

(Policy Revised 9/17)

ACCEPTANCE FORM

Board of Certification Conflict of Interest and Confidentiality Policy

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 ASCP Board of Certification Conflict of Interest and Confidentiality Policy of the ASCP Board of Certification (Policy 06.00) dated 9/17 and agree to abide by the terms of the Policy.

Signature: _____ Date: _____

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