



# International Physician Membership Application

(For individuals who reside in a country other than the United States or Canada)

### Instructions

Complete this application in detail. Check appropriate category of membership for which you are applying. **All documents must be translated into English.**

### Qualifications

#### International Fellow

Legally qualified physician certified in anatomic or clinical pathology and who holds membership in an appropriate medical association.

#### International Medical Affiliate

Legally qualified physician, whose interests parallel those of the ASCP and holds membership in an appropriate medical association.

#### International Resident

Legally qualified physician actively training for a career in pathology and enrolled in an accredited training program.

### Annual Dues

- International Fellow, International Medical Affiliate ..... **\$100 USD**
- International Resident ..... **FREE**  
*(Membership includes access to ajcp.com and labmedicine.com, but not the print versions of these journals.)*

### Annual Subscriptions

- AJCP (subscription and \$45 international shipping fee) ..... **\$255 USD**
- LABMEDICINE™ (subscription and \$45 international shipping fee) ..... **\$100 USD**

### Mail completed application to:

ASCP Customer Services  
33 W. Monroe St., Suite 1600  
Chicago, IL 60603-5617 USA

For questions about membership, please contact ASCP Customer Services at 1.800.267.2727 (USA & Canada), 1.312.541.4848 (International).

### Method of Payment

- Check or Money Order (*Make payable to ASCP, must be in U.S. Dollars*)
- Credit Card (ASCP Customer Services will contact you for payment once your application is received.)

### Application check list...did you:

- Complete the entire membership application?
- Include a copy of your medical license, diploma, and/or certification translated into English?
- Sign the completed application?
- Enclose payment in USD?

### Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_

### (Please check preferred mailing address)

- Office or Institution Address
- Home Address

\_\_\_\_\_  
Country \_\_\_\_\_

Phone (including country code) \_\_\_\_\_

Email \_\_\_\_\_

FAX (including country code) \_\_\_\_\_

### Education

Medical and Advanced Academic Degree(s)  
 MD  DO  PhD  Other: \_\_\_\_\_

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

Program	City/Province/Country	Director From (MM/YY)	To (MM/YY)
_____	_____	_____	_____

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## Board Certification

Board Certification: \_\_\_\_\_

Date of Certification: \_\_\_\_\_

## 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

4. Have you ever applied for membership or been a member of 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.

## 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.

I hereby make application to become an ASCP Medical Student Member.

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

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