

VOLUNTEER APPLICATION

For Prospective American Society for Clinical Pathology Board of Certification (ASCP BOC) Volunteers

Please email a current curriculum vitae (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.

Name (with ASCP BOC 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: _____ Your Title: _____ Dates: _____

3. PREVIOUS EMPLOYMENT: (LAST 5 YEARS)

Employer: _____ Your Title: _____ Dates: _____



4. PROFESSIONAL CREDENTIALS:

			Do you participate in the Credential Maintenance Program (CMP) ?
	Category	Number OR Year	If yes, is it mandatory 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 range of years active)
<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 EXAMINATION QUESTIONS, DEVELOPING STUDY GUIDES OR PRACTICE TESTS; OR LEADING EXAMINATION REVIEW COURSES? (IF YES, PLEASE LIST)

Organization	Role	Years (please specify the range of years active)
_____	_____	_____
_____	_____	_____

7. ASCP BOC VOLUNTEER 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 (DLM credential required) | <input type="checkbox"/> Pathologists' Assistants |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Laboratory Safety (QLS credential required) | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Cytogenetics | <input type="checkbox"/> Medical Laboratory Assistant | <input type="checkbox"/> Program Director's Advisory Committee (PDAC) |
| <input type="checkbox"/> Cytology | <input type="checkbox"/> Medical Laboratory Immunology | <input type="checkbox"/> Research and Development (R&D) |
| <input type="checkbox"/> Cytometry | | |
| <input type="checkbox"/> DCLS | | |



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

_____ ASCP BOC website

_____ ASCP BOC social media post. Please specify which social media platform (e.g., Facebook, Instagram):

_____ Former/current ASCP BOC volunteer. Please list their name:

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

_____ Other – please explain: _____

9. ALL ASCP BOC VOLUNTEERS MUST FULFILL THEIR ASSIGNED OBLIGATIONS AND RESPONSIBILITIES BY ATTENDING MEETINGS AND CARRYING OUT ALL ASSIGNED TASKS ON A TIMELY BASIS.

a) ASCP BOC volunteer 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 BOC will reimburse your travel expenses to attend meetings. Will your employer support your involvement with the ASCP BOC by providing time away from work?

_____ Yes

_____ No

10. CANDIDATE STATEMENT

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

Candidate Statement included (please attach additional sheets) _____ Yes

Individual's name

Individual's role (guest, committee, work group, or task force) or organization represented

Definitions

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 ASCP 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 averse to the ASCP 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 (BOG) is considered confidential. Information discussed or provided in the BOG meeting is considered confidential until publicly released.

Policy Statement

The ASCP BOC mandates that all ASCP BOC team members and volunteers must comply with and, annually, sign the Confidentiality, Conflict of Interest, and Impartiality (CCOII) Form. The ASCP BOC mandates that any guests or observers sign the CCOII Form in advance of participating in any ASCP BOC activities.

Confidentiality and Conflict of Interest Decisions

- The ASCP BOC Executive Director and, if necessary, legal counsel will review the completed CCOII Forms annually to determine whether any disclosures constitute a potential conflict of interest and, if applicable, determine how such conflicts will be managed, including potential recusal.
- The ASCP BOC Executive Director may conduct further inquiry to inform a determination concerning any individual's continuing role or participation with the ASCP BOC.
- The existence of a relationship posing a potential conflict of interest does not necessarily imply ineligibility to serve, but rather that participation in certain activities should be modified or avoided or in appropriate circumstances, discontinued, as determined by the ASCP BOC Executive Director, in consultation with legal counsel and, if necessary, the BOG Executive Committee.
- Individuals have a continuing obligation to disclose any relationships that may lead to a conflict of interest that arise after submission of the annual CCOII Form.
- Individuals may raise questions concerning potential conflicts of interest during proceedings or directly with the ASCP BOC Executive Director.
- Individuals agree to abide by determinations made by the ASCP BOC Executive Director in connection with any conflict of interest, subject to any requested review by the BOG Executive Committee.

- Any individual may request that the BOG Executive Committee review any determination concerning the identification or management of a conflict of interest.
- Although the initial responsibility for identifying relationships which may lead to a potential conflict of interest rests with the individual, the ASCP BOC Executive Director and the BOG Executive Committee have the right to inquire further with respect to any relationship, whether or not the individual discloses the relationship on the CCOII Form.
- If a potential conflict of interest may exist with the ASCP BOC Executive Director, the individual should contact the BOG Chair who will then bring the issue to the BOG Executive Committee.
- In addition, legal counsel will review the ASCP BOC Executive Director's CCOII Form annually and, if necessary, request input from the BOG Executive Committee with respect to the management of any potential conflict of interest.

Impartiality Statement

ASCP BOC credentialing is based on objective evidence through fair, valid, and reliable assessment processes that are not influenced by other interests or parties. The ASCP BOC will act impartially regarding its applicants and credential holders. Decisions will be made in accordance with established policies and procedures.

BOC Examination

The ASCP BOC mandates that individuals who have had access to an examination item bank are prohibited from challenging that examination for three years after their access to the item bank has concluded.

Check box below to indicate no conflict of interest or describe any potential conflicts.

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

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

I have read the *POL-Confidentiality, Conflict of Interest, and Impartiality Policy* of the ASCP Board of Certification dated 11/25 and agree to abide by the terms of the policy.

Signature

Date

Print or Type Full Name