**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership and Activities in Other Laboratory Related Professional Societies:**

AABB, AACC, Alpha Mu Tau, ASCP, ASH, ASM, CLMA, APHL, etc.

*List organization, position and the year(s) of term.*

|  |  |  |
| --- | --- | --- |
|  Paid Membership | Year(s) | Awards Use Only |
|  |  |  |
| Officer or Committee Member |  |  |
|  |  |  |
|  |  |  |
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**ASCLS Professional Awards, Honors, Recognition:**

ASCLS Board of Directors, Scientific Assembly Professional Achievement (Kendal), *CLS* Distinguished Author, Gilbert, Key to the Future, Kleiner, Member of the Year, Mendelson, Ascending Professional Leadership (New Professional of the Year), Omicron Sigma, Poster Winner, Scientific Research, Developing Professional (Student Forum) Leadership, Theriot

*List award and the year(s) received.*

|  |  |  |
| --- | --- | --- |
| National | Year(s) | Awards Use Only |
|  |  |  |
|  |  |  |
|  |  |  |
| Regional | Year(s) |  |
|  |  |  |
|  |  |  |
|  |  |  |
| State | Year(s) |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Local | Year(s) |  |
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|  |  |  |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Professional Awards and Honors**

*List award and the year(s) received.*

|  |  |  |
| --- | --- | --- |
| Specify | Year(s) | Awards Use Only |
|  |  |  |
|  |  |  |
|  |  |  |

**Professional Presentations:**

Platform presentations or posters

*List title, meeting, date, and hours (8 hours, 4 hours, 1-2 hours, or poster); do NOT include work related presentations*.

|  |  |  |
| --- | --- | --- |
| International | Date(s) | Awards Use Only |
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| National |  |  |
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| Regional/State |  |  |
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**Professional Publications:**

Articles, editorials, abstracts, professional books, book chapters.

*List title, publisher or journal/newsletter, year, peer or non-peer reviewed; do NOT include work related publications.*

|  |  |  |
| --- | --- | --- |
| National | Year | Awards Use Only |
|  |  |  |
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| Regional/State |  |  |
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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exemplary Service to the Profession (activities not outlined previously as they relate to contributions to the profession):**

Board of Certification/BOR/NCA activity (other than as ASCLS appointed rep)/exam committee member, NAACLS volunteer

Licensure activity – lobby day/mass mailing organizer, legislative lobbying – office visits/letter writing/phone calls

Health fair organizer/volunteer, MLPW committee chair/member, career day volunteer

Other

*Describe the activity and the year(s) completed, be specific; do NOT include work related activities*.

|  |  |  |
| --- | --- | --- |
| Activity | Year(s) | Awards Use Only |
|  |  |  |
|  |  |  |
|  |  |  |