



Membership Application

Date: _____

Name: _____ Date of Birth: _____

Degree: _____ Position: _____

Institution: _____ Department: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Scientific Sections of Interest: _____

Sponsor (current ACS member):

The sponsor certifies that the candidate fulfills the requirements for membership and subscribes to the goals and objectives of the Association of Clinical Scientists. *Please print this form and provide signatures below.*

Signature (Sponsor) _____ Signature (Applicant) _____

Please attach your Curriculum Vitae and email to: clinsci@sover.net

Membership Desired (Please Check One):

Fellow

Associate Fellow

Member

Fellows:

Fellowship is granted to scientists with a doctoral degree who through residency or post-doctoral training, clinical activities, and presentations or publications have demonstrated proficiency and achievement in clinical science.

Associate Fellows:

This category is open to clinical scientists who hold an earned doctorate degree, but who are still early in their careers and don't meet the requirements for full fellowship. This includes graduate medical trainees (residents and clinical fellows) and postdoctoral research fellows.

Members:

Scientists who have the qualifications of a Fellow with regard to publications, practice, and activities and who have demonstrated an interest and expertise in clinical science, but who do not hold an earned doctorate. Members, however, must hold, minimally, a baccalaureate degree.

An applicant for membership as an Associate Fellow must complete the following:

I am currently enrolled in a post-doctoral program or pathology residency/fellowship program at (Institution name)

I anticipate completing the training program in (Month/Year) _____