

Association of Clinical Scientists

Proposal of Candidate for Membership

Name (First, Initial, Last, Degrees)

Office Address (Institution, Street)

(City, State, Zip) Phone No. Fax No. E-mail address

Home Address (Street)

(City, State, Zip) Phone No. Fax No. E-mail address

Birthplace Birthdate Citizenship Gender

Education (Institutions, Locations, Dates, Degrees)

Postdoctoral Training (Institutions, Locations, Dates, Certification, Licensure)

Past Positions (Institutions, Locations, Dates, Titles)

Present Position (Institution, Location, Date, Title, Academic Appointment)

Clinical and Scientific Expertise (Subspecialty, Clinical Focus, Research Emphasis)

Candidate's Signature Date Membership Category

Sponsor's Signature Date Printed Name

The Sponsor certifies that the candidate fulfills the requirements for membership and subscribes to the goals and objectives of the Association of Clinical Scientists. This proposal form should be sent, along with the candidate's curriculum vitae and bibliography, by mail, fax, or e-mail to the Secretary-Treasurer:

F William Sunderman, Jr., MD
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Tel: 802 458-3351, Fax: 802 458-3278, e-Mail: clinsci@sover.net