

# 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:

Charles D. Hawker, PhD, MBA, FACB  
Association of Clinical Scientists - ARUP Laboratories  
500 Chipeta Way, MS 115 - Salt Lake City, UT 84108-1221, USA  
Tel: 801 584-5261, Fax: 801 584-5207, e-mail: [hawkercd@aruplab.com](mailto:hawkercd@aruplab.com)