



## Membership Application Form

For use by professionals employed as a diagnostic scientist or lecturer in the field of clinical science and laboratory medicine

Office Use only

Membership No Assigned:

Date Payment processed:

### Personal Details

Title	Forename(s)	Surname	
Address			
	Date of Birth		
Contact Tel		Email	

### Profession of applicant

Medical Scientist

Biochemist

Clinical Scientist

Lecturer

Other: \_\_\_\_\_

### State Registration / Professional Affiliation

National Registration / Professional Body	Grade of Membership	Year Awarded	Registration Number	Is Membership Current?

### Undergraduate and Postgraduate Qualifications

Qualification	Title of Course	College	Country	Graduation Year	EQF / QQI Level



### Clinical Laboratory Placement Details\*

Clinical Diagnostic Laboratory (co-ordinating laboratory if CLP completed in more than one centre)		
Start Date		Pathology disciplines covered during CLP
Finish Date		

\*Scientists who have not completed CLP certified by a third level institution must provide a letter from HR department of employer confirming employment as a diagnostic scientist for at least two years

### Employment History

Hospital / Clinical laboratory	Department	Position	Dates

Signature of Applicant: ..... Date: .....

***There is a €150 Application Fee to accompany this form (payment can be made by phone)***

***The fee will entitle the successful applicant to free membership from the date of approval of membership by Council until end of the calendar year (i.e. December).***

Cheques/Postal Money Orders etc. should be made payable to:  
THE ACADEMY OF CLINICAL SCIENCE AND LABORATORY MEDICINE / ACSLM

Debit/Credit Card No:		Expiry Date		CVV:	
-----------------------	--	-------------	--	------	--

### Checklist for Membership Applications

	Please include items 1 – 3 (and 4 if available) with your application Item 5 must be included if item 3 is not available	Tick
1	Completed application form with contact and payment details	<input type="checkbox"/>
2	Copy of qualification parchment(s)	<input type="checkbox"/>
3	Proof of certified Clinical Laboratory Placement completion in a clinical diagnostic laboratory	<input type="checkbox"/>
4	Proof of CORU registration or proof of registration with other national regulatory body	<input type="checkbox"/>
5	Letter from HR department or Laboratory Manager certifying grade of employment and years of service (if formal CLP not completed)	<input type="checkbox"/>

Submit applications by email to [mail@acslm.ie](mailto:mail@acslm.ie)