



## Fellowship Application Form

Membership number:

**Office Use only**

Membership No:

Date Payment processed:

Qualifications used for eligibility:

### Personal Details

<b>Title</b>	<b>Forename(s)</b>	<b>Surname</b>	
<b>Address</b>			
<b>Date of Birth</b>	<b>Contact Tel</b>	<b>Email</b>	

### Profession of applicant

Medical Scientist  Clinical Biochemist  Clinical Scientist

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

### Applicants with Academy accredited postgraduate qualification

Qualification	Institution	Graduation Year
MSc Clinical Laboratory Science	TU Dublin	
MSc Molecular Pathology	University of Dublin, Trinity College/DIT	
MSc Clinical Chemistry	University of Dublin, Trinity College	
MSc Biomedical Science	University of Ulster	
MSc Biomedical Science	Cork Institute of Technology/University College Cork	
Fellowship by Examination	Institute of Biomedical Science	

## Applicants with non-Academy accredited postgraduate qualification

Type of qualification

Taught MSc  MSc by Research  PhD  Other: \_\_\_\_\_

Postgraduate Qualification Details

Qualification	Title of Course	College	Country	Graduation Year	NFQ Level*

\*It is the responsibility of the applicant to supply proof of NFQ Level equivalency from QQI

## Employment History

Four years of relevant postgraduate work experience in the field of clinical science and laboratory medicine are required for Fellowship. Please supply current CV outlining professional experience to date.

Employer location	Department	Position	Dates

## Professional Affiliation/Registration\*

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

\*Applicants for Fellowship must be a current member of the Academy for a minimum of one year OR be a current Fellow of an equivalent professional body in another country.

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

*The review process is free for current Academy members. There is a €200 Application Fee to accompany this form for non-Academy members (payment can be made by phone)*

Cheques/Postal Money Orders etc. should be made payable to:  
*Academy of Clinical Science and Laboratory Medicine / ACSLM*

Debit/Credit Card No:	Expiry Date	CVV:

## Checklist for upgrade to Fellowship Applications

	Please include the following with your application	Tick
<b>1</b>	Completed application form with contact and payment details	<input type="checkbox"/>
<b>2a</b>	For applicants who have completed an Academy accredited MSc (minimum NFQ Level 9), include a copy of the original parchment OR	<input type="checkbox"/>
<b>2b</b>	If the postgraduate qualification is not accredited by the Academy, supply a full list of modules completed (include transcripts showing modules completed if elective modules offered), a copy of thesis and a copy of the original parchment OR	<input type="checkbox"/>
<b>2c</b>	If postgraduate qualification was obtained through research [MSc, PhD or other], supply an original bound copy of thesis and a copy of the original parchment certifying the award	<input type="checkbox"/>
<b>3</b>	CV confirming four years' experience relevant to the field of clinical science and laboratory medicine	<input type="checkbox"/>
<b>4</b>	Academy membership number OR proof of current Fellowship of equivalent international professional body	<input type="checkbox"/>

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