



*The Academy of Clinical Science and Laboratory Medicine*

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## Membership Application Form

For use by professionals employed as a Medical Scientist, Clinical Biochemist, Clinical Scientist (or equivalent) or lecturer in the field of clinical science and laboratory medicine

**Office Use only**

Membership No Assigned:

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: \_\_\_\_\_

**CORU Registration Number:** \_\_\_\_\_

### Undergraduate and Postgraduate Qualifications

Qualification	Title of Course	College	Country	Graduation Year	NFQ Level*

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

## Clinical Laboratory Placement Details\*

<b>Clinical Diagnostic Laboratory (co-ordinating laboratory if CLP completed in more than one centre)</b>		
<b>Start Date</b>	<b>Finish Date</b>	<b>Laboratory Medicine disciplines covered during CLP</b>

\*Scientists who have not completed CLP certified by a third level institution must provide a letter from HR department of employer or line manager confirming employment for at least two years AND submit current CV to demonstrate job roles.

## Employment History

<b>Employer location</b>	<b>Department</b>	<b>Position</b>	<b>Dates</b>

## Professional Affiliation/Registration

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

**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 be a member from the date of approval by Council until end of the calendar year (i.e. December).*

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

<b>Debit/Credit Card No:</b>		<b>Expiry Date</b>		<b>CVV:</b>	
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## Checklist for Membership Applications

	Please include the following with your application	Tick
1	Completed application form with contact and payment details	<input type="checkbox"/>
2	CORU Registration Number	<input type="checkbox"/>

**OR**

1	Completed application form with contact and payment details	<input type="checkbox"/>
2	Copy of qualification parchment(s) and transcript	<input type="checkbox"/>
3a	Proof of certified Clinical Laboratory Placement completion in a clinical diagnostic laboratory OR	<input type="checkbox"/>
3b	Certified letter from HR department or line manager certifying grade of employment and 2 years of service (if formal CLP not completed) AND current CV to demonstrate job roles	<input type="checkbox"/>

**OR**

1	Completed application form with contact and payment details	<input type="checkbox"/>
2	Copy of qualification parchment(s) and transcript	<input type="checkbox"/>
3	Certified letter from academic institution certifying grade of employment AND current CV to demonstrate job roles	<input type="checkbox"/>

**OR**

1	Completed application form with contact and payment details	<input type="checkbox"/>
2	Copy of qualification parchment(s) and transcript	<input type="checkbox"/>
3	Proof of current registration/membership of other international regulatory/professional body as a Medical Scientist, Clinical Biochemist, Clinical Scientist or equivalent	<input type="checkbox"/>

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