



The Academy of Clinical Science and Laboratory Medicine

31 Old Kilmainham, Dublin 8

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Web site: www.acslm.ie

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

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

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*

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

*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

Employer location	Department	Position	Dates

Professional Affiliation/Registration

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

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

Debit/Credit Card No:		Expiry Date		CVV:	
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Bank Transfer Annual Fee/ Standing Order: Submit to your bank (quote reference), please return form to us indicating your payment method. **Please quote your name on standing orders.**

Our bank details are as follows:

Account No: 21300491

IBAN: IE44 BOFI 9001 1321 3004 91

BIC: BOFIE2D. **Sort Code** 90-01-13

Bank of Ireland, 88 Lr. Camden Street, Dublin 2.

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