



Date:

## **Membership Application**

Name:		Date of Birth	ı:
Degree:		Position:	
Institution:		Department:	
Address:			
City:	State:	Zip:	Country:
Phone:	Email:		
Scientifc Sections of Interest:			
I learned about ACS (Please Check One):	ACS Website		An Ad on my mobile device 🛛
	Recommended by a colleague		Invited to attend a meeting $\Box$
Sponsor (current ACS member):			
The sponsor certifies that the candidate further of the Association of Clinical Scientists. <i>P</i>			
Signature (Sponsor)	Signature	e (Applicant) _	
Please attach your Curriculum Vi	tae and email to: ACS@utl	h.tmc.edu	
Membership Desired (Please Che	eck One):		
Fellow	Associate Fellow	l	Member
Fellows:			

Fellowship is granted to scientists with a doctoral degree who through residency or post-doctoral training, clinical activities, and presentations or publications have demonstrated proficiency and achievement in clinical science.

## **Associate Fellows:**

This category is open to clinical scientists who hold an earned doctorate degree, but who are still early in their careers and don't meet the requirements for full fellowship. This includes graduate medical trainees (residents and clinical fellows) and postdoctoral research fellows.

## Members:

Scientists who have the qualifications of a Fellow with regard to publications, practice, and activities and who have demonstrated an interest and expertise in clinical science, but who do not hold an earned doctorate. Members, however, must hold, minimally, a baccalaureate degree.

## An applicant for membership as an Associate Fellow must complete the following:

I am currently enrolled in a post-doctoral program or pathology residency/fellowship program at (Institution name)

I anticipate completing the training program in (Month/Year)