



Papanicolaou Society of Cytopathology

Membership Application

For a membership application to be considered, it must be filled out completely and be accompanied by an updated curriculum vitae (CV).

You will receive a notice of dues payment once your application has been accepted and approved by the membership committee

Membership Type

Regular Member__

Junior Member__

Applicant Information

Name

Date of Birth ____/____/____

Credentials/Degrees (MD, PhD, etc.) _____

Title _____

Institution Name _____

Department _____

Institution Address

City _____

State _____ Zip _____ Country _____

Phone _____

Fax _____

Email _____

Home Address

City _____ State _____

Zip _____ Country _____

Phone _____

Fax _____

Preferred Mailing Address Home __ Institution __

I was referred by the following PSC member

If not referred, how did you hear about us?

Related Professional Organizations

Please check the related professional organizations in which you are currently an active member. AMA _ ASCP _ CAP _ ASC _ IAC _ USCAP _ Other _

Applicant's Education

Medical School

Degree _____

Date Received _____

Accredited Residency Program

Dates of Attendance _____

Fellowship(s) _____

Dates of Attendance _____

Additional Training or Experience in Cytopathology

Resident, Fellow

Program Director _____

Program Director Contact Email _____

Training Completion Date _____

List Special Interest Areas in Cytopathology

I certify that the information contained on this application is true and complete to the best of my knowledge and belief. I agree to be bound by the Bylaws of the Society. I release from any liability all representatives of the Society for any statements made or actions taken in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and in connection with any expulsion or deletion from the rolls of membership or reapplication. I hereby release from any liability all individuals and organizations that provide

information to the Society, in good faith and without malice, concerning my education and training and other qualifications for membership, and I hereby consent to the release of such information.

Applicant Signature _____

Date _____