

FASC

Fellowship of the Australian Society of Cytology

Application Form



*Applications for enrolment will be accepted between October and January.
If accepted, your candidature will be confirmed by the end of February.*

CANDIDATE DETAILS

Please use black pen only to complete this form

Dr Mr Mrs Ms Miss Please write your full name in BLOCK LETTERS.		
Work Phone:	Mobile:		
Laboratory			
Address			
		State	Postcode
Email			
Year training commenced:		Year awarded CT(ASC)	
Do you wish to claim an exemption for a case(s)? Please include a photocopy of the published case report (NB you must be the first author and the article must be in a peer reviewed journal).			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to claim an exemption for the dissertation? Complete the form on the last page.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Mentor name and position: Please include a brief CV for your nominated mentor.			
<u>PAYMENT DETAILS</u>			
Debit my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		CCV: <input type="text"/> <input type="text"/> <input type="text"/>	\$500.00 (Part I)
Name on Card:		Signature	
Payment will not be processed until after this application is reviewed. Letters of acceptance and a receipt will be issued following the review.		Post applications to: Board of Examiners Australian Society of Cytology Inc 283-287 Sir Donald Bradman Drive BROOKLYN PARK SA 5032 Or email: admin@cytology-asc.com	

CHECKLIST

- Photocopy of CT(ASC) Certificate included
- Certificate of participation in ASC CEC included
- Mentor nominated/brief CV included
- Application form for exemption from Part II (Dissertation) if being requested.

CASEBOOK DECLARATION

I certify that the cases included in this casebook were reported in my laboratory in the last five years and have not previously been published or presented by any author.

Candidate:	Date:
Mentor:	Date:

DISSERTATION DECLARATION

I certify that the dissertation has not been previously submitted for publication or as part of a higher degree.

Candidate:	Date:
------------	-------

As mentor, I certify that I have reviewed a draft of this manuscript and provided guidance to the candidate regarding its content.

Mentor:	Date:
---------	-------

APPLICATION FOR EXEMPTION FROM DISSERTATION (PART II)

Details of previously examined dissertation relevant to Cytopathology.

Please include a photocopy of the award, certified by your mentor as a true copy.

Course	
Institution	
Date awarded	
Topic of dissertation/review	
Brief précis	
Approximate word count	
No. of References	