

Received:	Sent to: Membership Committee:	Action by Membership Committee:	Action by Executive Council:	Diploma sent:
EUR 45 Admission Fee must be included with this application		Acceptance:	Fee & Dues:	Diploma Dated:

**THE INTERNATIONAL ACADEMY OF CYTOLOGY
OFFICE OF THE SECRETARY-TREASURER**

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I am a Cytotechnologist member and I desire to become a Cytotechnologist Fellow of the International Academy of Cytology, and, if elected by the Executive Council of the Academy, I hereby promise that, so long as I continue to be a Cytotechnologist Fellow of the Academy, I will, to the utmost of my power, promote the honor and interest of the said Academy and observe the enactments of its Constitution and By-Laws, both as they now are and as they may from time to time be altered. I understand that - if elected - I can carry the abbreviations C.F.I.A.C. in addition to the C.T.(I.A.C.) behind my name. Cytotechnologist Fellowship is predicated to maintenance of a valid Cytotechnology Registry Certificate by the International Academy of Cytology. I understand that Cytotechnologist Fellowship is a Voting Membership Class of the Academy with a *numerus clausus*, and is thus subject to the individual assessment by the Membership Committee and the Executive Council.

DATE	Signature of Candidate		
NAME IN FULL (Please print)			
ADDRESS (Please print)			
BORN	(Date of birth)	(Place of birth)	
Month/Year of CT(IAC) Registry Exam		CT(IAC) Registration Number	
Current work address			

1. Are you <i>actively</i> engaged in the practice of clinical cytology at this time?
How many specimens do you examine <i>personally per annum</i> ?
2. How many years have you been actively engaged in the practice of clinical cytology? (10 years minimum required)
3. Do you participate in teaching clinical cytology? If "yes" how many years? (7 years minimum required)
4. Date of admission to Academy as CMIAC: (3 years minimum prior to possible elevation to CFIAC)
5. With which institution(s) are you associated? (Institutional affiliation required)
6. How many publications have you authored or co-authored in the field of cytology?
7. Are you currently engaged in Committee work or courses for the I.A.C? If "Yes", which.
8. Name, address and telephone number of your medical supervisor or laboratory director:

Please notice that admission to Cytotechnologist Fellowship follows the routine procedures established for other voting members of the Academy. Thus, evaluation by the I.A.C. Membership Committee, vote by the Executive Council and invitation by the Office of the Secretary of the I.A.C. may entail that the result of the deliberation will not be known before several months from the time of receipt of your completed application and fee

LIST OF PUBLICATIONS OF CANDIDATE: