#

# Application form for WG membership

**Name of the applicant:**

(title, first name, family name)

**Professional address:**

**E-mail:**

**Telephone No:**

**Fax No:**

**Name of WG: WG “Laboratory Medicine Credit Points”**

**Position applied for:  Full Member**

**Main professional interests:**

**Background in the topic area of the WG:** (max. 250 words)

**Proposed contribution to the work of the WG:** (max. 250 words)

**Other information**

**A) Lecturer at High School, University or Courses related to Laboratory Medicine**

|  |  |
| --- | --- |
|  | Institution & Department |
| 1.  |  |
| 2. |  |
| 3.  |  |

**B) Lecturer at national educational events (or e-seminars)**

|  |  |
| --- | --- |
|  | Educational event. Title of lecture. Date |
| 1.  |  |
| 2. |  |
| 3.  |  |
| 4. |  |

**C) Lecturer at international educational events (or e-seminars)**

|  |  |
| --- | --- |
|  | Educational event. Title of lecture. Date |
| 1.  |  |
| 2. |  |
| 3.  |  |
| 4. |  |

**D) Publications of original and review articles in the scientific journals with international peer reviewing**

|  |  |  |
| --- | --- | --- |
|  | Publications (authors, title, journal, year; volume, pages, DOI | Quartile (please indicate as Q1, Q2, Q3 or Q4) |
| 1.  |  |  |
| 2. |  |  |
| 3.  |  |  |
| 4. |  |  |
| 5. |  |  |

***classification can be found at:***

[***https://www.scimagojr.com/journalrank.php***](https://www.scimagojr.com/journalrank.php) ***or***

[***https://clarivate.com/products/journal-citation-reports/***](https://clarivate.com/products/journal-citation-reports/) ***(subscription service)***

***E) Other publications***

|  |  |
| --- | --- |
|  | Publication. Title. Date |
| 1.  |  |
| 2. |  |
| 3.  |  |
| 4. |  |

***F) Scientific projects***

|  |  |
| --- | --- |
|  | Name of the project. Foundation. Name of the leader. Period of the project |
| 1.  |  |
| 2. |  |
| 3.  |  |
| 4. |  |

**Attachments:**

**Letter of support from National Society** mandatory

**Curriculum vitae** mandatory

**List of relevant publications** optional

**Other** (please specify):

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**