



Association of Pathology Chairs

APC Membership Questionnaire

1. Introduction

This questionnaire has been prepared by the APC Membership Committee to provide an objective means to determine APC membership eligibility. Please complete this questionnaire to the best of your ability. If you have any questions or technical difficulties completing this form, please contact the APC office at info@apcprods.org or call 302-660-4940.

General Information About How the Committee is Evaluating this Application

The APC Membership Committee will evaluate this application based on the responses provided. Your responses will be compared with criteria for Regular, Affiliate and Special membership. The Committee's goal is to be inclusive of academic pathology departments, upholding the APC mission of supporting academic departments in medical education, research, and practice. Please note that currently we do not approve Regular or Affiliate memberships for pathology departments that are within a for-profit hospital enterprise or for pathology departments outside Canada and the United States. The Committee may contact the applicant for additional information if needed.

Please click "Next" to proceed to the questionnaire.



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2. Applicant Information

Please provide your contact information and answer some general questions below and then proceed to the next page to answer some questions about your institution.

* 1. Address

Name (First and Last)	<input type="text"/>
Organization or Institution	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 2. Please provide a brief explanation as to why you would like to join the Association of Pathology Chairs.

* 3. Please Upload a Current CV

No file chosen

Please click "Next" to proceed to the next page.



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3. Questionnaire

* 4. Does your department have an accredited training program for pathology residents (i.e. ACGME Accreditation) for which you are the sponsor/primary site? If you are not the main site but host residents answer "no" here and indicate in the next question that you are a participating site.

☐ Yes

☐ No

* 5. Is your department the main site for pathology residency training, or is it a participating site?

☐ Main Site (i.e. the department is responsible for running the residency program)

☐ Participating Site (i.e. Residents rotate through, but the department does not run the program)

☐ Not Applicable

* 6. Is your department the main site for training programs for fellows in traditional service lines of pathology (i.e., surgical pathology, cytopathology, transfusion medicine, clinical chemistry, clinical microbiology, hematopathology, molecular pathology, informatics, and tissue typing)?

☐ Yes

☐ No

* 7. If yes, please indicate how many fellows the program is accredited to take in each program.

surgical pathology	<input type="text"/>
cytopathology	<input type="text"/>
transfusion medicine	<input type="text"/>
clinical chemistry	<input type="text"/>
clinical microbiology	<input type="text"/>
hematopathology	<input type="text"/>
molecular pathology	<input type="text"/>
informatics	<input type="text"/>
tissue typing	<input type="text"/>
pediatric pathology	<input type="text"/>

8. If your department offers other fellowships, please list them below and indicate how many fellows are allowed for each program.

* 9. Is your department affiliated with an accredited medical school where at least 50% of your pathologists have academic appointments?

☐ Yes

☐ No

10. If "yes," what are the types of appointments at the medical school?

☐ Salaried appointment

☐ Non-salaried (voluntary) appointment

☐ Both Salaried and Non-salaried (voluntary) appointments

☐ Other (please specify)

* 11. Does your department produce scholarly work in the field of pathology as one of its primary missions, as evidenced by at least 10 published papers or abstracts annually?

☐ Yes

☐ No

* 12. How many full-time pathologists and PhD laboratory directors does your department have? Please include part-time faculty in the total summed to the nearest integer.

- ☐ Less than 5
- ☐ 5 to 10
- ☐ Greater than 10

* 13. Does your department provide clinical service work within multiple service lines in anatomic pathology, clinical pathology/laboratory medicine, or both? ***This includes at least 50% of the following service lines: Surgical pathology, cytopathology, autopsy, chemistry, microbiology, hematology, coagulation, transfusion medicine, molecular testing, and HLA testing.***

- ☐ Yes
- ☐ No

Please click "Done" to submit your questionnaire.