

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.



APC Membership Questionnaire

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.

•	. 5
* 1. Address	
Name (First and Last)	
Organization or Institution	
Address	
Address 2	
City/Town	
State/Province	select state
ZIP/Postal Code	
Country	
Email Address	
Phone Number	
* 2. Please provide Pathology Chairs.	a brief explanation as to why you would like to join the Association of
* 3. Please Upload	a Current CV
Choose File Ch	oose File No file chosen
Please click "Next" to p	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 the department for which you are the Chief/Chair 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

- · ·	member to only indicate	s the program is accredited to take in each this for programs within the department for which
surgical pathology		
cytopathology		
transfusion medicine		
clinical chemistry		
clinical microbiology		
hematopathology		
molecular pathology		
informatics		
tissue typing		
pediatric pathology		
	artment affiliated with and a second a second a second a second and a second and a second a second a second a second and a second a	n accredited medical school where at least 50% of tments?
Salaried appo		ntments at the medical school?
Other (please	-	appointments
primary mission		nolarly work in the field of pathology as one of its ast 10 published papers or abstracts annually?
O No		

	lude part-time faculty in the total summed to the nearest integer.
Less than 5	
5 to 10	
Greater than 1	.0
anatomic patholo 50% of the follow	department provide clinical service work within multiple service lines in ogy, clinical pathology/laboratory medicine, or both? This includes at least wing service lines: Surgical pathology, cytopathology, autopsy, chemistry, matology, coagulation, transfusion medicine, molecular testing, and HLA
Yes	
O No	
ease click "Done" to s	ubmit your questionnaire.