Application for Diplomatic Service



Ambassadors communicate to pathologists-in-training the value of membership in the Academy, engaging their interest, participation, and loyalty to create members for life.

Who Are You?			
Name:			
Credential(s) i.e. M.D., Ph.D., FIAC			
Institution:	Program Director:		
Hospital Affiliation (during residency):			
Are You a USCAP Member? Yes	No		
Indicate Your Status:			
□ 2nd-4th year resident □ Fellow □1st-	-3rd year practice 🗌 Ph.D. affiliate		
Other:			
Committed Future Fellowship Start D	Pate: Institution:		
Subspecialty:			
Institution Address:			
City:	State:	ZIP:	
	State:	ZIP:	
City:	State:	ZIP:	
City: Phone Number(s): Email Address:	State:	ZIP :	
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City: Phone Number(s): Email Address: What Grabs You? (select all that apply) Orient trainees with welcoming packag Encourage submission of abstracts for A Serve as liaison between USCAP and pa Help trainees to navigate the Annual Me Volunteer at the Annual Meeting (Resid Contribute to Social Media Interconnect Submit articles for quarterly newsletter	ge Annual Meeting athology departments leeting lents' Booth, Foundation) stivity	ZIP:	

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