

TACLS

Texas Association for Clinical Laboratory Science

*Please attach a black
and white photograph
(2" x 2") with a paper
clip.*

CANDIDATES INFORMATION & CONSENT FORM

NAME: _____

ADDRESS: _____

EDUCATION: (Degrees attained, when and
where) _____

TELEPHONE NUMBER: Work: () _____ Home: () _____

WORK EXPERIENCE: Position held (date, title,
location) _____

PROFESSIONAL EXPERIENCE: (date, position)

DISTRICT _____

STATE _____

NATIONAL _____

OTHER ORGANIZATIONS AND POSITIONS: Service, Volunteer, Educational, etc.

Write a brief statement of what you think the organization needs to do in order to benefit its members. (President-Elect--less than 500 words; Board/Secretary--less than 100 words; Nomination Committee--less than 50 words) Attach a separate sheet.