ASSOCIATION OF CLINICAL SCIENTISTS
NOMINATION OF ACS ASSESSOR BY PROFESSIONAL BODY

Name of Nominating Professional Body:			
Full Name of Assessor:		Date of birth	
HCPC Registration Number (registration must be retained to act for ACS):		Date first registered (state year or "<2002" if on CPSM register)	
Address for Correspondence:			
Phone: Office			
Phone: Mobile (for emergency contact if delayed attending			
Email:			
Modality and Sub-Modality for Assessment:			
Present Employment (with AfC Band if applicable):			
Other Employment at Clinical Scientist Level (if any):			
Brief details of role and time involved in training process for the specialty:			
Date of Nomination:			
Signed by Assessor			
Signed by Authorised Officer of Professional Body			
Position in Professional Body:			
Date:			

THE APPLICATION MUST BE ACCOMPANIED BY A BRIEF CV FOR THE NOMINATED ASSESSOR HIGHLIGHTING TRAINING AND ASSESSMENT ROLES. PLEASE RETURN YOUR COMPLETED NOMINATION FORM AND CV TO training@ipem.ac.uk

FOR ACS OFFICE USE:

APPROVED ON BEHALF OF ACS EXECUTIVE	
Date of decision	
Date that assessor and nominating professional body informed of decision	

Created: 27 August 2002
Modified: 29 September 2025
Reference: DOC-ACS006-ver 04
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