International Consortium of Mohs Surgery (ICMS)

HISTOTECHNOLOGIST MEMBER APPLICATION FORM

📝 INSTRUCTIONS FOR APPLICANTS

Before you begin:

1. This form is for histotechnologists and laboratory professionals actively involved in Mohs micrographic surgery
2. ICMS recognizes the central role histotechnologists play in quality and safety of Mohs surgery
3. Please complete ALL sections of this form
4. You will need a letter of verification from a supervising Mohs surgeon
5. Save your completed form and email it with all documents to: **membership@icmohssurgery.org**
6. Subject line should read: **"ICMS Histotechnologist Member Application - [Your Full Name]"**

Questions? Contact us at info@icmohssurgery.org

Expected Review Time: 2-3 weeks. You will receive email confirmation upon receipt.

BENEFITS: Access to histotechnology-focused modules, forums, mentorship, educational programs, and relevant committees (non-voting unless specified in bylaws).

SECTION 1: APPLICANT INFORMATION

Full Legal Name:

Preferred Name (if different):

Date of Birth (DD/MM/YYYY):

Gender (optional): ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say

Nationality (Country of Citizenship):

SECTION 2: CONTACT INFORMATION

Mailing Address:

Street Address:

_____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Email Address (primary):

Secondary Email (optional):

Telephone (with country code):

SECTION 3: PROFESSIONAL QUALIFICATIONS

A. Education & Certification

Highest Level of Education: ☐ High School / Secondary School
☐ Associate Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Other:
_____

Histotechnology Training / Program: Institution/Program Name:
_____ Year Completed:
_____ Country:
_____

Professional Certifications (check all that apply): ☐ Histotechnician (HT) - ASCP or equivalent
☐ Histotechnologist (HTL) - ASCP or equivalent
☐ Medical Laboratory Technician
☐ Other certification: _____
☐ No formal certification

Certification Details: Certifying Body:
_____ Certification Number (if applicable): _____ Year Certified:
_____

B. Professional Experience

Total years of experience in histotechnology:

Total years of experience specifically in Mohs histotechnology:

Previous histotechnology positions (if applicable):

SECTION 4: CURRENT MOHS LABORATORY AFFILIATION

Current Employment Status: ☐ Full-time
☐ Part-time
☐ Contract/Temporary
☐ Other: _____

Primary Institution / Practice Name:

Laboratory Name (if different):

Institution Address:

Street Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Position / Title:

(e.g., Mohs Histotechnologist, Senior Histotech, Laboratory Manager)

Date Started in Current Position:

Supervising Mohs Surgeon(s):

Name:

_____

Email:

_____

Name:

_____

Email:

_____

SECTION 5: MOHS LABORATORY EXPERIENCE

Please describe your role and responsibilities in the Mohs laboratory: (Include: tissue processing, sectioning, staining, quality control, equipment maintenance, etc.)

Approximate number of Mohs cases you process per week:

Types of stains you routinely perform (check all that apply): ☐ Hematoxylin and Eosin (H&E)
☐ Toluidine Blue
☐ Immunohistochemical stains
☐ Special stains (please specify): _____ ☐ Other: _____

Laboratory techniques/equipment you use regularly: ☐ Cryostat sectioning
☐ Frozen section preparation
☐ Slide preparation and mounting
☐ Tissue mapping
☐ Quality control procedures
☐ Equipment maintenance and troubleshooting
☐ Digital imaging/scanning
☐ Other:

_____

SECTION 6: COMMITMENT TO BEST PRACTICES

Quality Assurance Activities (check all that apply): ☐ Regular quality control checks
☐ Equipment calibration and maintenance
☐ Troubleshooting technical issues
☐ Protocol development/refinement
☐ Training of new staff
☐ Documentation and record-keeping
☐ Participation in laboratory audits
☐ Other:

_____

Have you implemented any improvements or innovations in your laboratory? ☐ Yes ☐ No

If yes, please briefly describe:

Do you participate in continuing education for histotechnology? ☐ Yes, regularly
☐ Occasionally
☐ Not currently, but interested

Recent continuing education activities (optional):

SECTION 7: REQUIRED SUPPORTING DOCUMENTS

Please check all documents you are including with this application:

☐ **Current Curriculum Vitae or Resume** Should include:

- Education and training
- Certifications
- Employment history
- Relevant skills and experience

☐ **Letter of Verification from Supervising Mohs Surgeon** This letter should confirm:

- Your current employment/role in Mohs laboratory
- Your skills and competence in histotechnology
- Your commitment to best practices and quality

Letter may be submitted directly by surgeon to membership@icmohssurgery.org

☐ **Copy of professional certification(s)** (if applicable)

☐ **Additional documentation** (optional) Please list:

_____

SECTION 8: AREAS OF INTEREST IN ICMS

Please indicate your areas of interest (check all that apply):

☐ Advanced staining techniques
☐ Quality assurance and improvement
☐ Laboratory management
☐ Training and mentorship
☐ Equipment and technology
☐ International collaboration
☐ Best practices and protocols
☐ Problem-solving and troubleshooting

☐ Digital pathology
☐ Research participation
☐ Other:
_____

Would you be interested in participating in ICMS histotechnology initiatives? ☐ Yes ☐ No ☐ Maybe in the future

If yes, what type of participation interests you? ☐ Online learning modules
☐ Virtual forums and discussions
☐ Mentoring other histotechnologists
☐ Sharing best practices
☐ Contributing to protocols/guidelines
☐ Committee participation
☐ Other:
_____

SECTION 9: SUBMISSION INSTRUCTIONS

Please email your completed application and all supporting documents to:

📧 **membership@icmohssurgery.org**

Email Subject Line: ICMS Histotechnologist Member Application - [Your Full Name]

What to include:

- This completed application form
- Current CV or resume
- Letter of verification from supervising Mohs surgeon
- Copy of certification(s) if applicable

After Submission:

- You will receive email confirmation within 2-3 business days
- Application review takes approximately 2-3 weeks
- You will be notified of the decision via email
- Upon approval, you will receive information about accessing member benefits

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SECTION 10: DECLARATION

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I agree to abide by the bylaws, ethical standards, and policies of the International Consortium of Mohs Surgery (ICMS).

I understand that:

- This application does not guarantee acceptance
- My application will be reviewed by the ICMS Membership Committee
- Histotechnologist membership recognizes my vital role in Mohs surgery
- I will have access to ICMS educational programs and histotechnology networks
- I commit to maintaining best practices in tissue processing, staining, and quality assurance

Applicant Signature: _____

Printed Name: _____

Date: _____

FOR SUPERVISING MOHS SURGEON VERIFICATION

I verify that the above-named applicant is currently employed in our Mohs laboratory and demonstrates competence, professionalism, and commitment to quality.

Supervising Surgeon Name:
_____

Signature:
_____

Title: _____

Institution: _____

Date:
_____

Email:

_____

(This section may also be submitted as a separate verification letter)

FOR OFFICE USE ONLY

Application Received: _____

Surgeon Verification Received: _____

Assigned to Reviewer: _____

Committee Review Date:

_____

Decision: ☐ Approved ☐ Pending ☐ Additional Info Required ☐ Denied

Notes:

_____

International Consortium of Mohs Surgery (ICMS)
Email: info@icmohssurgery.org | Website: www.icmohssurgery.org

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