



Advancing Transfusion and  
Cellular Therapies Worldwide

For Office Use Only	
Assessor ID #	_____
Date Approved:	_____
Membership #:	_____
Approved Expertise:	_____
_____	_____
Reviewer:	_____

**ASSESSOR APPLICATION  
- CONFIDENTIAL -**

**Are you an Individual AABB Member? Accreditation Program Assessors must maintain a current AABB Individual Membership.**

Yes, my Individual AABB Member Number [six digits] is: \_\_\_\_\_  
(Institutional ID numbers are not accepted in lieu of Individual memberships)

No, but I've submitted an application.  
(To obtain an application, visit our website [www.aabb.org](http://www.aabb.org))

**Assessor Demographics**

Name: \_\_\_\_\_  
First Middle Initial Last

Sex  Male  Female

Please indicate your preferred mailing address:  Work  Home

Preferred address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Place of employment \_\_\_\_\_  
 (if different from your preferred address)

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ (required)

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

**Assessor Education**

Please indicate your educational degree:

Bachelors  Masters  Doctorate

Please indicate any certifications/degrees that you have obtained:

\_\_\_\_\_  
 (i.e., MLT, MT, CLS, BB, SBB, RN, CQA, CQMgr, MD, PhD, CCP, LP etc.)

## Assessor Expertise

Indicate activities that you are qualified to assess. Select the operational activities for which you have expertise through:

- Minimum **3 years** direct working experience - a portion of which has occurred in the last 3 years (additional qualifications for Cellular Therapy activities apply see "Assessor Qualifications/Requirements")

- Quality Systems (mandatory)
- Transfusion Activities
- Donor Activities – All Activities
- Donor Collection
    - Allogeneic
    - Autologous Only
    - Apheresis Only
  - Donor Testing
  - Component Processing, Storage, and Distribution
- Perioperative Activities
- Immunohematology Reference Laboratory Activities (*must also meet the requirements of a "technical supervisor" as defined in the current edition of Standards for Immunohematology Reference Laboratories*)
- Relationship Testing Activities (*advanced degree (e.g. PhD or MD) or BA/BS degree in biological science, with experience in parentage/relationship testing*)
- Cellular Therapy Activities (Check applicable activity and fill in # procedures and years of experience)

<u>Activity</u>	<u># procedures/YR</u>	<u># Years Experience</u>
<input type="checkbox"/> HPC (All Activities)	_____	_____
<input type="checkbox"/> HPC - Collection Only	_____	_____
<input type="checkbox"/> HPC - Processing, storage & Distribution	_____	_____
<input type="checkbox"/> HPC – Administration	_____	_____
<input type="checkbox"/> Cord Blood	_____	_____
<input type="checkbox"/> Somatic Cell Lines	_____	_____

## Special Considerations

Please indicate the following as appropriate for Assessor Assignments:

Please list any specific facilities, or group of facilities, which would present a conflict of interest you if you were to assess them:

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Please indicate any foreign language(s) that you speak fluently:

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- I hereby certify that all of the information that I have provided on this Application is true and accurate to the best of my knowledge, information, and belief.
- I further certify that I possess the attributes required as defined in the Assessor Qualifications/Requirements document.
- I agree to maintain AABB membership and continuing education that fulfill the Assessor Qualifications/ Requirements and to perform at least two assignments per calendar year.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ATTACH A CURRENT RESUME/CV**

Return all three pages of this form and your resume/CV to:  
AABB Accreditation Department  
8101 Glenbrook Road  
Bethesda, MD 20814

Contact the Accreditation Department at (301) 215-6492, or [accreditation@aabb.org](mailto:accreditation@aabb.org) if you have any questions.