

Assessor Expertise

Indicate activities that you are qualified to assess based on the minimum qualifications (a complete list of all minimum qualifications/requirements can be found in “Assessor Qualifications/Requirements”, Appendix 5.1.1.f.A, posted on the AABB Web Site):

- Minimum **3 years** direct working experience - a portion of which has occurred in the last 3 years (additional qualifications for Cellular Therapy, IRL, and Molecular activities apply), **or**
- Active involvement in a related field that allows you to keep informed of scientific, technical, and accrediting requirements in the areas listed. (Alternative qualification for active involvement only applies to Transfusion, Donor, IRL, Molecular, and Relationship Testing Activities)

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

Molecular Testing (must also meet the requirements of a “laboratory supervisor” as defined in the current edition of *Standards for Molecular Testing for Red Cell, Platelet, and Neutrophil Antigens*)

Immunohematology Reference Laboratory Activities (*must also meet the requirements of a “supervisor” as defined in the current edition of Standards for Immunohematology Reference Laboratories*)

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 – Clinical Program	_____	_____
<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:

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

Assessor Agreement

- 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.
- I understand that AABB has the right to refuse or decline any application.

Signed

Date

Support from your organization, particularly from your immediate supervisor, is essential in the scheduling of assessment..

I understand my employee will be obligated to perform, at a minimum, two assessments per year. I agree that some travel will be involved and I will support them in their participation in the AABB Assessor Program.

(signature of employer)

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PLEASE ATTACH A Reference from an AABB Approved Assessor

Please attach a separate letter from an AABB Approved assessor recommending you for the AABB Assessor Program

PLEASE ATTACH A CURRENT RESUME/CV

Return all three pages of this form and your resume/CV and reference letter to:

accreditation@aabb.org

or

301-657-0957

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