

The procedure for obtaining new ACS assessors is as follows.

- A nomination form is completed and signed by the prospective assessor, countersigned by a member of the Executive Committee of their nominating ACS constituent member professional body.
- Form then sent to ACS administrative staff complete with a brief CV of the prospective assessor.
- Administrative staff forward to ACS Executive who take a decision based on the appropriate criteria and relevant ACS Board member's advice.
- If approved, the prospective assessor is sent instruction manuals, details of upcoming assessment rounds and any assessors' update sessions.
- Prospective assessor is required to observe at least one set of assessments conducted by experienced assessors as part of their training.
- Then considered a full ACS assessor but usually partnered with an experienced co-assessor for at least their first round.

Assessors should be able to qualify to act as applicants' supervisor signatories (see [Guidelines for application](#)) and must be HCPC registered as a Clinical Scientist for at least six years.

They should also be considered working to the equivalent of 'Consultant' level, normally at AfC band 8a or above (or equivalent), and preferably be actively involved in the training of current pre-registration clinical scientists.

ASSOCIATION OF CLINICAL SCIENTISTS NOMINATION OF ACS ASSESSOR BY PROFESSIONAL BODY

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| Name Of Nominating Professional Body: | | | |
| Full Name Of Assessor: | | Date of birth | |
| HPCPC 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 interviews) | | | |
| Fax: | | | |
| Email: | | | |
| Modality And Sub-Modality For Assessment: | | | |
| Present Employment (With AfC Band): | | | |
| Other Employment At Band 8 (Consultant) 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.**

FOR ACS OFFICE USE:

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