

## **SCABB Committees for Consideration**

### **Administrative Program Committee**

**PURPOSE:** To develop administrative programs for the Association at the Annual Meeting to include seminars, lectures, oral and poster presentations.

### **Advanced Immunohematology/Molecular Symposium (AIMS) Committee**

**PURPOSE:** To plan programs and solicit posters on the technical and scientific aspects of advanced immunohematology, molecular and clinical immunogenetics. The AIMS Conference is typically held every other year in the even numbered years. In the non-AIMS years, the committee helps organizes PASS Last Change Review session.

### **Awards Committee**

**PURPOSE:** To select and showcase winners of awards presented by South Central.

### **Bylaws Committee**

**PURPOSE:** To recommend changes as needed to the Bylaws of South Central Association of Blood Banks.

### **Donor Recruitment & Collections Committee (DRC)**

**PURPOSE:** To serve as a source of expertise in donor recruitment and donor room personnel and to plan seminars for the Annual Meeting.

### **Education Committee**

**PURPOSE:** To evaluate current educational offerings to the membership and recommend future directions.

### **Historian/Historical Committee**

**PURPOSE:** To document the Association's existence by capturing and maintaining copies of annual programs, regional workshops, pictures from events, etc.

### **Local Arrangements Committee**

**PURPOSE:** To plan and coordinate specific activities for successfully hosting the Annual Meeting in its confirmed geographic location.

### **Nominating Committee**

**PURPOSE:** To assemble a quality slate of nominees for Association elections.

### **Planning Committee**

**PURPOSE:** To guide the Association in planning and implementing long and short term strategies to achieve the mission of the Association.

### **Prepare, Attain, Succeed, Sustain (PASS) Committee**

**PURPOSE:** To coordinate with other PASS partners to develop review sessions on all aspects of the ASCP Specialist in Blood Banking [SBB(ASCP)] exam. SCABB takes the lead role in odd-numbered years and PASS partners take the lead in even-numbered years.

### **Protégé/Mentorship Committee**

**PURPOSE:** To identify Association members with a desire to become more active (protégé), and match them with an experienced member (mentor). Develop and administer a comprehensive program to educate the protégé about the operation of the Association and encourage and facilitate the protégé's active involvement in Association committees over a period of approximately one year.

### **Publications Committee**

**PURPOSE:** To coordinate the production and assure the high quality of major publications of the association.

### **Technical/Scientific Program Committee**

**PURPOSE:** To plan programs and solicit papers and posters on the technical and scientific aspects of transfusion medicine.

Please contact SCABB Central Office for a complete list of Committee Charges for any of the above Committee you may have interest in joining. [scabb@scabb.org](mailto:scabb@scabb.org)

# COMMITTEE CALL

**RETURN TO:** South Central Association of Blood Banks  
 2901 Richmond Road, Ste. 130-176  
 Lexington, KY 40509  
 Phone: 866-649-6550

Name: \_\_\_\_\_

\_\_\_\_\_ Yes, I would like to serve on a committee. I have indicated my preference below.  
 \_\_\_\_\_ Yes, I would be willing to serve in the position of Chair or Vice-Chair

Please select your preference below by marking your First Choice with a "1", Second Choice, with a "2" and so on.  
 (Please refer to the attached for detailed information on each committee)

<input type="checkbox"/>	Finance	<input type="checkbox"/>	Membership
<input type="checkbox"/>	Annual Meeting	<input type="checkbox"/>	Administrative Program
<input type="checkbox"/>	Donor Recruitment, P.R., Etc.	<input type="checkbox"/>	Awards
<input type="checkbox"/>	PASS (Blood Bank Exam Review)	<input type="checkbox"/>	Education
<input type="checkbox"/>	Local Arrangements	<input type="checkbox"/>	Fund Raising
<input type="checkbox"/>	Planning	<input type="checkbox"/>	Nominating
<input type="checkbox"/>	Technical/Scientific Program	<input type="checkbox"/>	Publications
<input type="checkbox"/>	By-Laws	<input type="checkbox"/>	Industry Workshops
<input type="checkbox"/>	Protégé Mentorship Program	<input type="checkbox"/>	History/Archives

\_\_\_\_\_ I am currently a South Central Member  
 \_\_\_\_\_ I would like to become a South Central Member; please send me an application

**NOTE: You must be a member to serve on a committee**

Please provide the following for the Officer and Committee Handbook:

Current Position: \_\_\_\_\_

(check all that apply)

- |  |                              |   |
|--|------------------------------|---|
| <input type="checkbox"/> Phlebotomist                | <input type="checkbox"/> MLT | <input type="checkbox"/> Component Production |
| <input type="checkbox"/> Recruitment                 | <input type="checkbox"/> MT  | <input type="checkbox"/> Administration       |
| <input type="checkbox"/> Communications Professional | <input type="checkbox"/> BB  | <input type="checkbox"/> CEO                  |
| <input type="checkbox"/> LVN                         | <input type="checkbox"/> SBB | <input type="checkbox"/> MD                   |
| <input type="checkbox"/> RN                          | <input type="checkbox"/> PhD | <input type="checkbox"/> Other                |

Preferred Mailing Address (please check your preference below)

**O** Institution: \_\_\_\_\_

Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**O** Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Personal Email: \_\_\_\_\_