



Committee Application Form

Personal Information

Name _____ Credentials _____

Title _____ Male Female

Institution _____

Department _____

Office Address _____

City _____ State/Province/Zip/Postal Code _____

Country _____ Phone _____ E-mail _____

Check the committee in which you are interested:

- Accreditation
- CME
- Communications (Newsletter/Social Media/Marketing/Listserv)
- Membership
- Program
- Quality Improvement/Research

Professional Experience _____

Licenses _____

Affiliations _____

Professional Memberships _____

Please save and email your completed application, along with a CV or short Bio to the SPUC office at: spuc@urgentcareped.org