



APPLICATION FOR CANADIAN REPRESENTATIVE POSITION ON CERTIFICATION BOARD OF INFECTION CONTROL (2008)

APPLICANT INFORMATION

Name: _____ Title: _____

Employer: _____

Preferred Address: _____

Work Phone: _____ E-mail: _____

Home Phone: _____ Fax: _____

Number of Years CHICA Member: _____ Member ID: _____

Chapter No./Name: _____

CHICA-Canada VOLUNTEER HISTORY

Please indicate your previous levels of participation in the areas listed below. Check all that apply. Use blank spaces for roles/offices/activities not listed (including international positions.)

National Elected Offices Held: Term(s)/Year(s):

President _____

President-Elect _____

Treasurer _____

Secretary _____

Board of Directors _____

Chapter Elected Offices Held: Term(s)/Year(s)

President _____

President-Elect _____

Treasurer _____

Secretary _____

Other National Committee Positions Term(s)/Year(s):

Other Chapter Committee Positions Term(s)/Year(s)

Use additional paper if required

Current Scope of Practice:

Briefly describe your current scope of practice that qualifies you for the position. Include local chapter activities, provincial or regional activities, National CHICA-Canada activities, international activities, and other professional or volunteer activities. List elected offices, committees, and special projects for each.

Note: Additional documentation may be required from the candidate by the APIC Nominating Committee.

If selected, I agree to work and serve in efforts to uphold and support the mission and vision of CHICA-Canada and CBIC. I will honor all responsibilities and attend all scheduled meetings.

Signature: _____ Date: _____
