

GOVERNANCE COMMITTEE MEMBER APPLICATION FORM

Name of Applicant _____

Credentials/position title _____

Employment contact information

Employer/work address _____

Work email _____

Work phone _____

Home contact information

Home address _____

Home email _____

Home phone _____

Mobile phone _____

Please indicate preferred title/address/email to share with other committee members and for use by PEAC staff

Employment

Home

Languages (written and spoken)

English: Written Spoken **French:** Written Spoken

I, the undersigned, hereby consent to serve as a member of PEAC’s Governance Committee and, if appointed, agree to support the Vision, Mission and Values of PEAC and abide by the participation expectations.

Signature	Date
-----------	------

Send completed form with **curriculum vitae and statement summarizing interest in the position** to:

President, PEAC Board of Directors
Physiotherapy Education Accreditation Canada
c/o Lisa Arcobelli, Executive Director
lisa.arcobelli@peac-aepc.ca