



2018/2019

Committee Volunteer Interest Form

Submit this form and all required attachments to Britney Heald via email, bheald@aasm.org, or fax, (630) 737-9790. Please review the AASM Conflict of Interest Policy before volunteering for a committee.

Contact Information:

Name:

Address:

Member Number:

City, State:

Email:

Zip Code:

Primary Specialty:

- Checkboxes for Pulmonary Medicine, Neurology, Psychiatry, ENT, Nursing, Pediatrics, Internal Medicine, Behavioral, Research, Anesthesiology, Family Practice, Other.

Are you a Diplomate of the ABSM?

Are you certified in sleep medicine by a member board of the American Board of Medical Specialties?

Yes No checkboxes

Yes No checkboxes

Committee Interest: Please rank your top 3 choices of interest in order with 1 being the committee for which you are most interested in volunteering.

- Blank lines for ranking committees: NEW- Public Safety Committee, Accreditation Committee, Coding and Compliance Committee, Education Committee, Payer Policy Review Committee, Lifelong Learning Development Committee, APSS Program Committee.

Have you previously served on an AASM committee?

Yes No checkboxes

If yes, which one(s)?

When?

Please provide a brief overview of leadership activities that are applicable to the committee for which you are most interest in volunteering (300-word maximum).

Required Attachments:

CV Summary (2-page max) Conflict of Interest Disclosure Form Copyright Assignment Form