



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:

- | | | | | |
|---|--|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Pulmonary Medicine | <input type="checkbox"/> Neurology | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> ENT | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Behavioral | <input type="checkbox"/> Research | <input type="checkbox"/> Anesthesiology |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Other | | | |

Are you a Diplomate of the ABSM?

☐ Yes ☐ No

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

☐ Yes ☐ No

Interest:

_____ AASM Political Action Committee

Have you previously served on an AASM committee or task force?

☐ Yes ☐ No

If yes, which one(s)?

When?

Please provide a brief overview of your interest in political advocacy (300-word maximum).

Required Attachments:

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