



Therapist Professional Advisory Committee Membership Self-Nomination Form

Dear TPAC Members,

I am interested in serving the Therapist Category by contributing as a member of the Therapist PAC. I understand that if selected, I will need to be available for regularly scheduled meetings. I also understand that I will need to accept and complete tasks that are assigned by the TPAC. Please consider my application for membership.

Previous TPAC membership and/or committee/task force participation.	Dates

Please complete the following:

Circle one:

Name, Rank:	Discipline: PT / OT / AUD / SLP/RT
Agency:	
Address:	
Email:	
Phone:	
Fax:	

Signature: _____ **Date:** _____

Signature of Supervisor: _____

Self-Nominations are due by 15 FEB 2009.

Please Fax signed form to: CDR Laura Grogan, 303-844-2019 and LCDR Alicia Souvignier 505-368-7091.

Please email: Unsigned **self-nomination form, curriculum vitae,** and a **cover letter** explaining your interest in serving as a TPAC member to alicia.souvignier@ihs.gov.

This must be forwarded as an attachment in Microsoft Word format.

Questions? Please contact alicia.souvignier@ihs.gov